

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814

July 31, 1995

ALL-COUNTY LETTER NO. 95-38



REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY GAIN COORDINATORS  
ALL COUNTY CAL-LEARN COORDINATORS  
ALL COUNTY NET COORDINATORS  
ALL COUNTY SCC COORDINATORS  
ALL COUNTY CAAP COORDINATORS  
ALL COUNTY TCC COORDINATORS

SUBJECT: IMPLEMENTATION OF TRUSTLINE REGISTRY SYSTEM

REFERENCE: ENACTMENT OF AB 2560, CHAPTER 1268, STATUTES OF 1994

The purpose of this letter is to provide information regarding the implementation of the Trustline registry system for families receiving Title IV-A child care as required by the enactment of AB 2560, (Chapter 1268, Statutes of 1994). This letter also transmits revised forms and Notices Of Action (NOA's) for use in implementing the Trustline registry system. The forms and NOA's in this All County Letter (ACL) replace those released by previous ACL's or All-County Information Notices. Regulations implementing the Trustline Registration system are being filed on an emergency basis and will be effective September 1, 1995 (See Attachment A).

All license exempt child care providers serving families that receive child care assistance from the following programs must apply for Trustline registration: Greater Avenues for Independence (GAIN), Cal-Learn, Non-GAIN Education & Training (NET), California Alternative Assistance Program (CAAP), Transitional Child Care (TCC), Supplemental Child Care (SCC) and the At-Risk Child Care Program (ARCCP). The Trustline requirements do not apply to providers who are providing child care to AFDC recipients receiving only the child care income disregard. However, if the family receives the child care income disregard and SCC, then the provider is required to register.

The Trustline system is a registry of license exempt child care providers who have had their backgrounds checked by the California Department of Justice (DOJ) to ensure they do not have disqualifying criminal convictions and/or records of substantiated child abuse. To initiate the Trustline registry, a child care provider supplies the local Resource and Referral agency (R&R) with an application packet which includes fingerprints and other identifying information. The local R&R then forwards this information to the DOJ who conducts a search of the California Criminal History file and the Child Abuse Central Index using this identifying data. Once an individual is cleared by DOJ, they are placed on the Trustline Registry which is a data base that is maintained and updated by DOJ.

Enactment of AB 2560 requires new procedures for license exempt child care providers. These procedures require that all license exempt child care providers be Trustline registered in order to be eligible for payment (either directly or through reimbursement to the parent) if they care for the children of a Title IV-A eligible family. Providers who are the aunts, uncles or grandparents of the child in care are exempt from the Trustline requirement; however, they are required to sign a certification as to their relationship to the child. Public or private schools or recreation programs, as defined in Health and Safety Code Section 15965.792, are also exempt from the Trustline requirement.

#### PHASE-IN

Only new providers who begin to provide child care funded through Title IV-A after August 31, 1995 are required to register. Current providers are "grandfathered-in" and are not required to be Trustline registered unless they begin caring for children from another Title IV-A family or there has been a break in child care of 30 days or more for the Title IV-A family for which they are currently providing child care services. Trustline became operational in the ARCCP on May 1, 1995. All other Title IV-A programs will implement Trustline on September 1, 1995.

#### AT-RISK CHILD CARE PROGRAM

The Trustline program was implemented in the At-Risk Child Care Program in May 1995. This program is operated by Alternative Payment Programs that currently require Trustline clearance for license exempt providers who are funded by the California Department of Education (CDE).

#### WORKER RESPONSIBILITIES

For Title IV-A programs other than ARCCP, the county staff will be the initial point of contact and will need to provide information and guidance to families who choose child care providers who must register with Trustline. Trustline Registration procedures which describe the participation of each involved agency are attached (see Attachment C). The CWD will need to stock Trustline applications, appropriate fingerprint cards, and informational notices for Title IV-A families, unless the county makes arrangements with the local R&R to perform these activities. Each CWD will need to work closely with the local R&R and ensure that families are directing their providers to the R&R to submit their Trustline applications. In order to continue child care payments, the CWD will also need to verify that a Trustline application has been delivered to the local R&R by the provider within 30 days of the date they provided the application to the parent. Furthermore, when DOJ sends a notice to the CWD indicating that a Trustline application has been denied, a case file has been closed, or a provider has had their Trustline registration revoked, the CWD will need to inform the recipient and stop the child care payment after 10 calendar days.

## TRAINING

The California Department of Social Services (CDSS), with the assistance of the California Child Care Resource and Referral Network (CCCRRN), has completed statewide training in five different locations. These training seminars provided information about the Trustline process and the roles of the counties, the local R&Rs, and the CCCRRN. Counties may schedule additional training sessions on an as-needed basis.

## IMPLEMENTATION GUIDELINES

Attached are implementation guidelines, forms, notices, instructions and a draft of the emergency regulations for implementing Trustline. The regulations are in the process of being filed with the Office of Administrative Law and will be effective on September 1, 1995.

The CDSS recommends that counties designate a contact person to facilitate the coordination and smooth flow of information between the agencies involved. After selection of a coordinator, please provide that person's name to Mr. Michael Fishel at:

California Department of Social Services  
Employment Programs Bureau  
Child Care Programs/Cal-Learn Section  
744 P Street, M.S. 6-140  
Sacramento, CA 95814  
(916) 654-3825 (voice)  
(916) 654-1516 (fax)

## FISCAL CLAIMING INSTRUCTIONS

Counties will receive an allocation and instructions for fiscal claiming of administrative costs associated with the Trustline registration process. Detailed time study and claiming instructions will be issued in a separate County Fiscal Letter. CWD fiscal staff may address any fiscal related questions to the Fiscal Policy Bureau at (916) 657-3440.



BRUCE WAGSTAFF  
Acting Deputy Director  
Welfare Programs Division

Attachments

## **ATTACHMENTS**

## Table of Contents for Attachments

Attachment A - Trustline Regulations Filed on an Emergency Basis

Attachment B - Implementation Guidelines

Attachment C - Trustline Registration Procedures

Attachment D - New Forms for Trustline

- CCP1 - Exemption For Trustline
- CCP2 - Informing Notice
- CCP3 - Trustline Checklist for Workers

Attachment E - Revised Forms and NOA's

SCC Forms and NOA's

- SCC 5
- SCC 6
- M44-503 Denial/Payment Term
- M44-504 Approval
- M44-504A Partial Approval

TCC Forms and NOA's

- TCC 1 Application (Long Form)
- TCC 1A Application (Short Form)
- TCC 13 TCC Informational Sheet
- TCC 43 Monthly Request for TCC
- M47-125 Approval
- M47-125A Approval
- M47-140 TCC Denial/Payment Term
- M47-145 Payment Change
- M47-145A Approval (Monthly)

Attachment F - Department of Justice Forms for Trustline

- BCIA-4063 (Rev5/95) TRUSTLINE  
Trustline Application
- BID-7 (5-90) Fingerprint Card  
(TRUSTLINE)

Revised forms with Trustline language for the GAIN, CAL-LEARN, CAAP, & NET programs will be forwarded under separate cover. See instructions in the Implementation Guidelines (Attachment B) for procedures.

**ATTACHMENT A**

Amend Section 40-173.81 to read:

40-173 COUNTY RESPONSIBILITY FOR NOTIFYING APPLICANTS  
AND RECIPIENTS (Continued)

40-173

.8 Notification of Potential Transitional Child Care Program Eligibility

.81 All recipients shall be notified of their potential eligibility for benefits under the Transitional Child Care program when they become ineligible for AFDC due to:

/811 Increased income due to employment/

/812 Loss of the time limited income disregard/

/813 Increased hours of employment/ or

/814 Failure to submit a completed monthly report when it can be proven that the family would also have been discontinued due to increased hours/ increased income or loss of the earned income disregard/ (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10613, 11209, 11500(b), 11502(a) and (b), and 11511(a), Welfare and Institutions Code; 45 CFR 250.20; 45 CFR 250.40(b); 45 CFR 255.1; 45 CFR 256.1(b); ~~and~~ 45 CFR 256.2(b)(1); 45 CFR 256.4(c); and Administration for Children and Families-Action Transmittal-91-1, dated June 16, 1992.

**DRAFT**

Renumber Section 42-710 and adopt Sections 42-710t.(3) and (4) to read:

42-710 INTRODUCTION TO GAIN (Continued)

42-710

.3 Definitions for terms used in this Chapter

a. Reserved

b. Reserved

~~/r/~~c.(1) "CDSS" (Continued)

~~/d/~~ (2) "Child Care Resources and Referral Agency" (Continued)

~~/b/~~ (3) "Cost Effective" (Continued)

~~/c/~~ (4) "Custodial Parent" (Continued)

~~/d/~~ (5) "CWD" (Continued)

~~/e/~~d.(1) "Deferred Registrant" (Continued)

~~/f/~~e.(1) "Exempt" (Continued)

~~/g/~~f.(1) "Fixed-Unit Price" (Continued)

~~/h/~~g.(1) "GAIN" (Continued)

~~/i/~~ (2) "GAIN Allocation Plan" (Continued)

h. Reserved

~~/j/~~i.(1) "Intermediary Service Provider"

j. Reserved

k. Reserved

l. Reserved

m. Reserved

n. Reserved

o. Reserved

~~/k/~~p.(1) "Participant" (Continued)

~~/l/~~ (2) "Performance-based Contract" (Continued)

~~/m/~~ (3) "Private Industry Council (PIC)" (Continued)

q. Reserved

**DRAFT**



- ~~/r~~. (1) "Refugee Cash Assistance (RCA) GAIN Participant" (Continued)
- ~~/o~~ (2) "Refugee Resettlement Program (RRP) Services" (Continued)
- ~~/p~~ (3) "Registrant" (Continued)
- ~~/d~~ (4) "Registration" (Continued)
- ~~/s~~. (1) "Service Delivery Area (SDA)" (Continued)
- ~~/t~~ (2) "Supplemental Refugee Services (SRS) GAIN Component" (Continued)
- ~~/d~~ (3) "Subsidized Employment" (Continued)
- ~~/y~~t. (1) "Targeted Assistance (TA) Funded Services" (Continued)
- ~~/w~~ (2) "Teen Parent" or "Teenage Parent" (Continued)
- (3) "Trustline Informing Notice" means the form (Child Care Programs [CCP] 2, Rev. 7/95) that explains the Trustline registration system and requirements and is provided to Title IV-A parents who choose a license exempt child care provider.
- (4) "Trustline Registry" means a computer based registry of child care providers who have had a background check to ensure that child care providers have no disqualifying criminal convictions or substantiated reports of child abuse.
- ~~/x~~u. (1) "Unsubsidized Employment" (Continued)
- ~~/y~~ (2) "UWEX" (Continued)
- ~~/z~~v. (1) "Volunteer" (Continued)
- w. Reserved
- x. Reserved
- y. Reserved
- z. Reserved

**DRAFT**

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11320, 11320.2, 11320.4, 11320.6, 11320.8, 11321, 11321.2, 11321.4, 11321.6, 11321.8, 11322, 11322.2, 11322.4, 11322.6, 11322.8, 11323, 11323.1, 11323.15, 11323.2, 11323.4, 11323.6, 11323.8, 11324, 11324.2, 11324.4, 11324.6, 11324.8, 11325, 11325.2, 11325.4, 11325.6, 11326, 11326.2, 11326.4, 11326.6, 11326.8, 11327, 11327.2, 11327.4, 11327.5, 11327.6, 11327.8, 11328, 11328.1, 11328.2, 11328.4, 11328.6, 11328.8, 11329, 11329.2, 11329.4, 11329.5, 11331.5(d), and 13280, Welfare and Institutions Code; 45 CFR 250.63(k); 42 U/S/C/ 682(d) (1) (A) (ii) (IV).

Renumber Sections 42-750.334 and .335 to Sections 42-750.337 and .338 and Section 42-750.812 to Section 42-750.814; and adopt Sections 42-750.314 et seq., .315, .315(a), .334, .335, .336, .812 et seq., and .813 to read:

42-750 SUPPORTIVE SERVICES (Continued)

42-750

.3 (Continued)

.31 Child care arrangements provided through GAIN shall meet the following standards: (Continued)

.314 Trustline Registration for License Exempt Child Care Providers

To be eligible for child care payment/reimbursement, all license exempt child care providers shall apply for the Trustline Registry operated jointly by the California Department of Justice and the California Child Care Resource and Referral Network. The following are exempt from this requirement:

- (a) Aunts, uncles and grandparents of the child(ren) in care, by blood, marriage or court decree.
- (b) A public or private school or public recreation program as defined in Health and Safety Code Section 1596.792.
- (c) A child care provider who will be providing temporary child care that is 30 calendar days or less.

HANDBOOK BEGINS HERE

- (1) Child care providers who provide temporary care, of 30 calendar days or less (i.e., GAIN Orientation, Job Club, some on-the-job training assignments), shall not be included on the Trustline Registry.

HANDBOOK ENDS HERE

- (d) Those providers who were providing child care for a Title IV-A family at the time of implementation of the Trustline Registry system shall continue to be exempt until a break-in-service of 30 calendar days or more to the same family is experienced or until child care is provided to a new Title IV-A family.

.315 Trustline Application Requirements

The county shall approve license exempt child care for no more than 30 calendar days from the date a Trustline informing notice is mailed to or given to the assistance unit (AU), pending the receipt of verification from the local child care resource and referral agency that an application for Trustline registry has been filed by the child care provider.

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(a) Counties shall provide a Trustline application packet, which includes a Trustline application, a fingerprint card and Trustline informing notice, to the AU within 10 calendar days of notification to the county that the AU has chosen a license exempt child care provider. (Continued)

.33 Child Care Costs. (Continued)

.334 Payment Eligibility Prior to Trustline Registry Notification

The county shall issue child care payments for care provided prior to the date the county receives notification that a Trustline application has been denied or the child care provider's registration status has been revoked.

.335 Revocation of Trustline Registry Eligibility

The county shall discontinue payment when the county is notified by the California Child Care Resource and Referral Network that a license exempt child care provider is denied Trustline registry, had their Trustline case file closed, or had their Trustline registration status revoked. (Continued)

.336 Application/Registration Fees

GAIN funds shall be used to pay application and/or registration fees charged by licensed child care providers, not to exceed the fees charged to private clients for the same service, and providing those fees, after being added to current child care costs, do not exceed regional market rate ceilings as specified in Section 42-750.333.

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.3347 (Continued)

.3378 (Continued)

.8 Supportive Services Notice Requirements (Continued)

.81 (Continued)

.811 (Continued)

.812 Trustline Notice Requirements

The county shall issue an appropriate Notice of Action (NOA) to the AU, in accordance with the notice requirements in MPP Section 22-022, to discontinue or deny child care payments within 48 hours after notification by the California Department of Justice or the California Child Care Resource and Referral Network that:

- (a) A child care provider has been denied Trustline registration.
- (b) A child care provider's Trustline case file has been closed.
- (c) A child care provider's eligibilty for Trustline registration has been revoked.

.813 The county shall issue a NOA approving the initial child care payment, which limits the initial period of payment to no more than 30 calendar days from the date of the NOA as specified in Section 42-750.315. The NOA shall advise the AU that if the license exempt child care provider fails to submit the application as required in Section 42-750.314, the AU's child care payment for that provider shall be discontinued without any further notice.

.8174 (Continued)

Authority Cited: Sections 10553, 10554, ~~and~~ 10604, and 11320 et. seq., Welfare and Institutions Code.

Reference: Sections 10553, 10554, and 10604, Welfare and Institutions Code. Reference: Sections 10613, 11209, 11320.3(f), 11320.6(e)(5), 11322.2(a), 11323.2, 11323.4(b), (c), and (d), 11323.6(d)(1), (d)(2), (e)(2) and (f), 11325.2(a)(5)(C)(i) and 11500(c)(1), Welfare and Institutions Code, AB 312, Chapter 1568, Statutes of 1990; 45 CFR 250.40(a)(2) and (3), 45 CFR 250.48(a)(3), 45 CFR 250.61(e) and (f), 45 CFR 250.95(b), 45 CFR 255.1(e)(1) and (4), 45 CFR 255.2, 45 CFR 255.4(a)(2)(iii), (c)(2), (f)(2), (i)(1) and (j), 45 CFR Part 256; ~~and~~ JOBS-FSA-AT-91-5; 42 U.S.C., Section 602; Assembly Bill 2560, (Chapter 1268, Statutes of 1994) and Senate Bill 1984, (Chapter 1267, Statutes of 1994).

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Adopt Sections 42-762.3t.(2) and (3) to read:

42-762 INTRODUCTION TO THE CAL-LEARN PROGRAM (Continued)

42-762

.3 Definitions for terms used in the Cal-Learn Program (Continued)

t. (1) "Teen parent" (Continued)

(2) "Trustline Informing Notice" means the form (Child Care Programs [CCP] 2, Rev. 7/95) that explains the Trustline registration system and requirements and is provided to Title IV-A parents who choose a license exempt child care provider.

(3) "Trustline Registry" means a computer based registry of child care providers whose backgrounds have been checked to ensure that providers have no disqualifying criminal convictions or substantiated reports of child abuse. (Continued)

Authority Cited: Sections 10553, ~~and~~ 10554, and 11320 et. seq., Welfare and Institutions Code.

Reference: Sections 10852, 10853, 11320, 11331.5(c), 11332, and 11333.7(a), (b) and (c), Welfare and Institutions Code; SB 35, Chapter 69, Statutes of 1993, as amended by SB 1078, Chapter 1252, Statutes of 1993; 45 CFR 250.10(c)/; 45 CFR 250.40(a)/; 45 CFR 255; 45 CFR 282/; 42 USC Section 602; 42 USC Section 1315; ~~and~~ Federal Waiver Terms and Conditions for the California Work Pays Demonstration Project, March 1994; Assembly Bill 2560, (Chapter 1268, Statutes of 1994) and Senate Bill 1984, (Chapter 1267, Statutes of 1994).

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Adopt Section 42-765.3 to read:

42-765 SUPPORTIVE SERVICES (Continued)

42-765

.3 In those instances when a teen parent chooses a license exempt child care provider, the Trustline registration requirements in GAIN regulations at Sections 42-750.314 et seq., .315 et seq., .334, .335, .336, and .812 et seq. shall apply.

Authority Cited: Sections 10553, ~~and~~ 10554, and 11320 et. seq., Welfare and Institutions Code.

Reference: Sections 11323.4 and 11331.7(a), Welfare and Institutions Code; 42 USC Section 602; ~~and~~ 45 CFR 255.4(j); AB 2560 (Chapter 1268, Statutes of 1994); and SB 1984, (Chapter 1267 Statutes of 1994).

**DRAFT**

Adopt Sections 44-502(t)(1) and (2) to read:

44-502 DEFINITIONS (Continued)

44-502

- (t) (1) "Trustline Informing Notice" means the form (Child Care Programs [CCP] 2, Rev. 7/95) that explains the Trustline registration system and requirements and is provided to Title IV-A parents who choose a license exempt child care provider.
- (2) ~~/Reserved/~~"Trustline Registry" means a computer based registry of child care providers whose backgrounds have been checked to ensure that providers have no disqualifying criminal convictions or substantiated reports of child abuse.

Authority Cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 255.4; and Section 1596.792, Health and Safety Code.

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Adopt Sections 44-503.134(a) et seq. to read:

44-503 PROGRAM ELIGIBILITY

44-503

.1 An AU shall be eligible for SCC if all of the following conditions are met:  
(Continued)

.13 The child care provider meets all of the following conditions:  
(Continued)

.134 Has a day care license or is exempt from licensing.

(a) To be eligible for child care payment/reimbursement, all license exempt child care providers shall apply for the Trustline Registry operated jointly by the California Department of Justice and the California Child Care Resource and Referral Network. The following are exempt from this requirement:

(1) Aunts, uncles and grandparents of the child(ren) in care, by blood, marriage or court decree.

(2) A public or private school or public recreation program as defined in Health and Safety Code Section 1596.792.

(3) A child care provider who will be providing temporary child care that is 30 calendar days or less.

HANDBOOK BEGINS HERE

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(A) Child care providers who provide temporary care, of 30 calendar days or less (i.e., GAIN Orientation, Job Club, some on-the-job training assignments), shall not be included on the Trustline Registry.

HANDBOOK ENDS HERE

(4) Those providers who were providing child care for a Title IV-A family at the time of implementation of the Trustline Registry system shall continue to be exempt until a break-in-service of 30 calendar days or more to the same family is experienced or until child care is provided to a new Title IV-A family.

.135 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 233.20; and 45 CFR 255.2, .3, .4, and .5.



Adopt Sections 44-504.6 through .62 to read:

44-504 PAYMENT ELIGIBILITY (Continued)

44-504

.6 County Trustline Requirements For Payment and Revocation Procedures

.61 Payment Eligibility Prior to Trustline Registry Notification

The county shall issue child care payments for care provided prior to the date the county receives notification that a Trustline application has been denied or the child care provider's registration status has been revoked.

.62 Revocation of Trustline Registry Eligibility

The county shall discontinue payment when the county is notified by the California Child Care Resource and Referral Network that a license exempt child care provider is denied Trustline registry, had their Trustline case file closed or had their Trustline registration status revoked.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 255.1(c) and (e)(4); 45 CFR 255.2(a)(1); and 45 CFR 255.4(a)(2) and (3), (c)(2) and (i)(1).

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Adopt Sections 44-507.16 et seq. and .32 et seq., and .33 to read:

44-507 COUNTY RESPONSIBILITIES

44-507

.1 General (Continued)

.16 Trustline Application Requirements

.161 The county shall approve license exempt child care for no more than 30 calendar days from the date a Trustline informing notice is mailed to or given to the assistance unit (AU), pending the receipt of verification from the local child care resource and referral agency that an application for Trustline registry has been filed by the child care provider.

(a) Counties shall provide a Trustline application packet, which includes a Trustline application, a fingerprint card and Trustline informing notice, to the AU within 10 calendar days of the notification to the county that the AU has chosen a license exempt child care provider.  
(Continued)

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.3 SCC Notice Requirements (Continued)

.32 The county shall issue an appropriate Notice of Action (NOA) to the AU, in accordance with the notice requirements in MPP Section 22-022, to deny child care payments within 48 hours after notification by the California Department of Justice or the California Child Care Resource and Referral Network that:

.321 A child care provider has been denied Trustline registration.

.322 A child care provider's Trustline case file has been closed.

.323 A child care provider's eligibility for Trustline registration has been revoked.

.33 The county shall issue a NOA approving the initial child care payment which limits the initial period of payment to no more than 30 calendar days from the date of the NOA as specified in Section 44-507.16. The NOA shall advise the AU that if the license exempt child care provider fails to submit the application as required in Section 44-503.134, the AU's child care payment for that provider shall be discontinued without any further notice.

Authority Cited: Sections 10553, ~~and~~ 10554, and 11320 et. seq., Welfare and Institutions Code.

Reference: Section 11451.7, Welfare and Institutions Code; 45 CFR 233.28(e); 45 CFR 235.110; 45 CFR 255; 45 CFR 255.1(e); 45 CFR 255.2(a), (g), (g)(2), and (h); 45 CFR 255.4(c)(2), (f)(2), and (h); and 45 CFR 256.4(c); 42 USC Section 602; AB 2560 (Chapter 1268, Statutes of 1994); SB 1984, (Chapter 1267 Statutes of 1994).

Renumber Section 47-102 et seq. and adopt Sections 47-102t.(4) and (5) to read:

47-102 DEFINITIONS (Continued)

47-102

a. Reserved

b. Reserved

c. Reserved

~~/d/~~d.(1) "Date of Receipt" (Continued)

~~/e/~~e.(1) "Eligibility Period" (Continued)

~~/f/~~f.(1) "Family Fee" (Continued)

g. Reserved

h. Reserved

i. Reserved

j. Reserved

k. Reserved

l. Reserved

m. Reserved

n. Reserved

o. Reserved

~~/p/~~p. "Payment Plan" (Continued)

q. Reserved

~~/r/~~r.(1) "Regional Market Rate" (Continued)

~~/s/~~(2) "Rate Ceiling" (Continued)

s. Reserved

~~/t/~~t.(1) "TCC" (Continued)

~~/u/~~(2) "TCC Child" (Continued)

~~/v/~~(3) "TCC Family" (Continued)

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(4) "Trustline Informing Notice" means the form (Child Care Programs [CCP] 2, Rev. 7/95) that explains the Trustline registration system and requirements and is provided to Title IV-A parents who choose a license exempt child care provider.

(5) "Trustline Registry" means a computer based registry of child care providers whose backgrounds have been checked to ensure that providers have no disqualifying criminal convictions or substantiated reports of child abuse.

u. Reserved

v. Reserved

w. Reserved

x. Reserved

y. Reserved

z. Reserved

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10613, 11209, and 11511(a), Welfare and Institutions Code; and 45 CFR Parts 255 and 256.

**DRAFT**

Adopt Sections 47-110.6 et seq. and .7 et seq. to read:

47-110 COUNTY RESPONSIBILITIES (Continued)

47-110

.6 Trustline Application Requirements

.61 The county shall approve license exempt child care for no more than 30 calendar days from the date a Trustline informing notice is mailed to or given to the applicant/TCC family, pending the receipt of verification from the local child care resource and referral agency that an application for Trustline registry has been filed by the child care provider.

.611 Counties shall provide a Trustline application packet, which includes a Trustline application, a fingerprint card and Trustline informing notice, to the TCC family within 10 calendar days of the notification to the county that the TCC family has chosen a license exempt child care provider.

.7 Notice Requirements For Trustline

.71 The county shall issue an appropriate Notice of Action (NOA) to the TCC family, in accordance with the notice requirements in MPP Section 22-022, to deny child care payments within 48 hours after notification by the California Department of Justice or the California Child Care Resource and Referral Network that:

.711 A child care provider has been denied Trustline registration.

.712 A child care provider's Trustline case file has been closed.

.713 A child care provider's eligibilty for Trustline registration has been revoked.

.72 The county shall issue a NOA approving the initial child care payment which limits the initial period of payment to no more than 30 calendar days from the date of the NOA as specified in Section 47-110.6. The NOA shall advise the TCC family that if the license exempt child care provider fails to submit the application as required in Section 47-145.2, the TCC family's child care payment for that provider shall be discontinued without any further notice.

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10613, 11209, 11320.3, 11500(b), (c), and (d), 11501(a) and (b), 11503, 11504, and 11511(a), Welfare and Institutions Code; 45 CFR 250.20; 45 CFR 255.1; 45 CFR 255.3(a)(3); 45 CFR 255.4(i)(1) and (2); and 45 CFR 256.1, .2, and .4.

**DRAFT**

Adopt Section 47-140.243 to read:

47-140 ELIGIBLE PROVIDERS (Continued)

47-140

.2 (Continued)

.24 Has a day care license or is exempt from licensing. (Continued)

.243 If the child care provider is license exempt, the provider must  
apply for Trustline registration as required in Section 47-145.2.

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10613, 11209, 11320.3(h)(2), 11501(a), 11509, and 11511(a), Welfare and Institutions Code; 45 CFR 255.3(c); 45 CFR 255.4(c)(2) and (f)(2); 45 CFR 255.5(a) and (b); and 45 CFR 256.4(a) and (b).

**DRAFT**

Adopt Sections 47-145.2 through .221 to read:

47-145 PAYMENT ELIGIBILITY (Continued)

47-145

.2 Trustline Registration for License Exempt Child Care Providers

.21 To be eligible for child care payment/reimbursement all license exempt child care providers shall apply for the Trustline Registry operated jointly by the California Department of Justice and the California Child Care Resource and Referral Network. The following are exempt from this requirement:

.211 Aunts, uncles and grandparents of the child(ren) in care, by blood, marriage or court decree.

.212 A public or private school or public recreation program as defined in Health and Safety Code Section 1596.792.

.213 A child care provider who will be providing temporary child care that is 30 calendar days or less.

HANDBOOK BEGINS HERE

**DRAFT**

(a) Child care providers who provide temporary care, of 30 calendar days or less (i.e., GAIN Orientation, Job Club, some on-the-job training assignments), shall not be included on the Trustline Registry.

HANDBOOK ENDS HERE

.214 Those providers who were providing child care for a Title IV-A family at the time of implementation of the Trustline Registry system shall continue to be exempt until a break-in-service of 30 calendar days or more to the same family is experienced or until child care is provided to a new Title IV-A family.

.22 Payment Eligibility Prior to Trustline Registry Notification

.221 The county shall issue child care payments for care provided prior to the date the county receives notification that a Trustline application has been denied or the child care provider's registration status has been revoked.

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Section 10613, 11209, 11320.3(h)(5), 11501(a) and (c), 11508(a), and 11511(a), Welfare and Institutions Code; 45 CFR 255.1(e)(4); and 45 CFR 256.1(b).

Adopt Sections 47-150.2 et seq. to read:

47-150 PAYMENT INELIGIBILITY (Continued)

47-150

.2 Revocation

.21 Revocation of Trustline Registry Eligibility

.211 The county shall discontinue payment when the county is notified by the California Child Care Resource and Referral Network that a license exempt child care provider is denied Trustline registry, had their Trustline case file closed or had their Trustline registration status revoked.

Authority Cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10613, 11209, 11501(a), 11506(a) and (c), and 11511(a), Welfare and Institutions Code; 45 CFR 256.3(e); and 45 CFR 256.4(d).

DRAFT



Adopt Sections 89-705(t)(1) and (2) to read:

89-705 DEFINITIONS (Continued)

89-705

- (t) (1) "Trustline Informing Notice" means the form (Child Care Programs [CCP] 2, Rev. 7/95) that explains the Trustline registration system and requirements and is provided to Title IV-A parents who choose a license exempt child care provider.
- (2) "Trustline Registry" means a computer based registry of child care providers whose backgrounds have been checked to ensure that providers have no disqualifying criminal convictions or substantiated reports of child abuse. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, and 11280, Welfare and Institutions Code.

**DRAFT**

Amend Sections 89-710.144 to read:

89-710 PROGRAM ELIGIBILITY (Continued)

89-710

.1 An AU shall be eligible to participate in CAAP if otherwise eligible for AFDC and all of the following conditions are met: (Continued)

.14 The child care provider meets all the following conditions: (Continued)

.144 Has a child day care license or is exempt from licensing.

(a) If exempt from licensing, the child care provider must apply for Trustline registration as required in Section 89-715.6.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.1, 11280(b), and 11320.3(j)(5), Welfare and Institutions Code; 45 CFR 255.2(a) and (a)(1); 45 CFR 255.4(c)(2) and (f)(2); and 45 CFR 255.5(a).

**DRAFT**

Adopt Sections 89-715.6 through .631 to read:

89-715 PAYMENT ELIGIBILITY (Continued)

89-715

.6 Trustline Registration for License Exempt Child Care Providers

.61 To be eligible for child care payment/reimbursement, all license exempt child care providers shall apply for the Trustline Registry operated jointly by the California Department of Justice and the California Child Care Resource and Referral Network. The following are exempt from this requirement:

.611 Aunts, uncles and grandparents of the child(ren) in care, by blood, marriage or court decree.

.612 A public or private school or public recreation program as defined in Health and Safety Code Section 1596.792.

.613 A child care provider who will be providing temporary child care that is 30 calendar days or less.

HANDBOOK BEGINS HERE

(a) Child care providers who provide temporary care, of 30 calendar days or less (i.e., GAIN Orientation, Job Club, some on-the-job training assignments), shall not be included on the Trustline Registry.

HANDBOOK ENDS HERE

.614 Those providers who were providing child care for a Title IV-A family at the time of implementation of the Trustline Registry system shall continue to be exempt until a break-in-service of 30 calendar days or more to the same family is experienced or until child care is provided to a new Title IV-A family.

.62 Payment Eligibility Prior to Trustline Registry Notification

.621 The county shall issue child care payments for care provided prior to the date the county receives notification that a Trustline application has been denied or the child care provider's registration status has been revoked.

.63 Revocation of Trustline Registry Eligibility

.631 The county shall discontinue payment when the county is notified by the California Child Care Resource and Referral Network that a license exempt child care provider is denied Trustline registry, had their Trustline case file closed, or had their Trustline registration status revoked.

DRAFT

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11280 and 11508(b), Welfare and Institutions Code; 45 CFR 255.1, (c), and (e)(4); 45 CFR 255.2, (a), (a)(1), and (h)(2); and 45 CFR 255.4(a), (a)(2)(ii), (c)(2), and (i)(1).

**DRAFT**

Renumber Sections 89-730.6 and .61 to Sections 89-730.7 and .71, respectively and adopt Sections 89-730.39 through .391(a) and Sections 89-730.7 et seq. to read:

89-730 COUNTY RESPONSIBILITIES (Continued)

89-730

.3 General (Continued)

.39 Trustline Application Requirements

.391 The county shall approve license exempt child care for no more than 30 calendar days from the date a Trustline informing notice is mailed to or given to the applicant/assistance unit (AU), pending the receipt of verification from the local child care resource and referral agency that an application for Trustline registry has been filed by the child care provider.

**DRAFT**

(a) Counties shall provide a Trustline application packet which includes a Trustline application, a fingerprint card and Trustline informing notice, to the AU within 10 calendar days of the notification to the county that the AU has chosen a license exempt child care provider. (Continued)

.6 Trustline Notice Requirements

.61 The county shall issue an appropriate Notice of Action (NOA) to the AU, in accordance with the notice requirements in MPP Section 22-022, to deny child care payments within 48 hours after notification by the California Department of Justice or the California Child Care Resource and Referral Network that:

.611 A child care provider has been denied Trustline registration.

.612 A child care provider's Trustline case file has been closed.

.613 A child care provider's eligibilty for Trustline registration has been revoked.

.62 The county shall issue a NOA approving the initial child care payment, which limits the initial period of payment to no more than 30 calendar days from the date of the NOA as specified in Section 89-730.391, The NOA shall advise the AU that if the license exempt child care provider fails to submit the application as required in Section 89-715.6, the AU's child care payment for that provider shall be discontinued without further notice.

.67 Inter-County Transfers (Continued)

.671 (Continued)

Authority Cited: Sections 10553, ~~and~~ 10554, and 11320 et. seq., Welfare and Institutions Code.

Reference: Sections 11280(b) and (c), Welfare and Institutions Code; 45 CFR 233.22, .24, .25, .29(b) and (c), .34(b) and (c)(3), .35, and .36; 45 CFR 255; 45 CFR 255.1(c), (e), and (e)(4); 45 CFR 255.2(a), (g)(1), (g)(2), (h), (h)(1), and (h)(2); 45 CFR 255.3(b), (c), and (h); ~~and~~ 45 CFR 255.4(a) and (a)(2)(iii), (c)(2), (f)(2), and (h); 42 U.S.C. Section 602; AB 2560 (Chapter 1268, Statutes of 1994); and SB 1984, (Chapter 1267 Statutes of 1994).

**DRAFT**

**ATTACHMENT B**

IMPLEMENTATION GUIDELINES FOR THE  
TRUSTLINE REGISTRATION SYSTEM

These guidelines are to instruct counties in the procedures for implementing the Trustline Registration requirements in the following Title IV-A child care programs: Greater Avenues For Independence (GAIN), At-Risk Child Care Program (ARCCP), Non-GAIN Education & Training (NET), Supplemental Child Care (SCC), Transitional Child Care (TCC), California Alternative Assistance Program (CAAP) and Cal-Learn.

NON-GAIN EDUCATION AND TRAINING (NET) PROGRAM

The regulatory requirements in MPP Sections 42-710.3 through 42-750.319, which implement the Trustline requirements in the GAIN program, will also apply to the NET Program. Since NET child care is funded through Title IV-A program funds, it falls under the Trustline requirements.

PAYMENT ELIGIBILITY

The requirement to register for Trustline will be a payment eligibility criteria and not a program eligibility criteria. The new regulations on Trustline will require that all license exempt providers be Trustline registered in order to receive payment, either directly or through reimbursement to the parent, if they provide child care for a Title IV-A eligible family.

Providers who are the aunts, uncles or grandparents of the child in care are exempt from Trustline requirements; however, they will need to sign a certification as to their relationship to the child in care. Public or private schools or recreation programs, as defined in Health and Safety Code Section 15965.792, are also exempt from the Trustline requirements.

Payment eligibility ceases in the following instances:

1. If a provider does not complete the Trustline application process within 30 days of the client's application for child care.
2. If a provider has his/her application file closed by DOJ for failure to provide information necessary to determine eligibility for Trustline Registry.
3. If a provider's application for Trustline is denied.



PAYMENT ELIGIBILITY (Continued)

4. If a provider who was on the Trustline Registry has his/her registration status subsequently revoked.

OVERPAYMENTS AND UNDERPAYMENTS

An overpayment exists when payment eligibility ceased regarding a Trustline requirement and a provider is paid, or an applicant/recipient was reimbursed, for child care which is in excess of the amount they were entitled to receive. An underpayment exists when an applicant/recipient receives a payment that is less than the amount they were entitled to receive. Overpayments and underpayments shall be processed in accordance with the respective regulatory requirements for the child care program under which the payment was authorized.

FORMS AND NOTICES OF ACTION

The Department is in the process of implementing changes to the GAIN, NET, CAAP and Cal-Learn programs which will require some new forms and NOA's in the respective programs. To minimize impact on the counties, the changes in the forms and NOA's required by Trustline will be incorporated at the same time the other changes are made. Therefore, the forms and NOA's which include language for Trustline will be released at a later date as part of a separate ACL. It is anticipated that counties will receive the revised forms at approximately the same time.

There are a number of new forms to be used in the Trustline registration process (see Attachments D and F). Two forms, the Trustline application and fingerprint card, are produced by the California Department of Justice but may be ordered through the California Department of Social Services (CDSS) warehouse. An initial supply of forms will be sent to each county.

There will be a mandatory form, CCP 1, used to document the exemption of those providers given exemption status under the law, i.e., aunts, uncles or grandparents, etc.

The Informing Notice, CCP 2, must be given to all applicants/recipients who are requesting new child care arrangements or a change in child care providers which involves a break in service of more than 30 days. A reproducible copy of this form is attached. Use of this form will be mandatory from the effective date of the new Trustline regulations.

FORMS AND NOTICES OF ACTION (Continued)

There will be a new form available to counties called a Trustline Checklist, form CCP 3, that was developed to assist county workers to review the Trustline requirements. Use of this form is recommended and changes are permitted with CDSS approval.

A number of existing forms and NOA's in the TCC and SCC programs have been revised to include the Trustline requirements. Attachment E provides reproducible copies of the revised forms and NOA's for the SCC and TCC programs.

Camera ready copies of the forms will be translated into Spanish, Chinese, Cambodian, Lao and Vietnamese. These translations will be issued to counties, under separate cover, by the CDSS Language Services Bureau.

ORDERING FORMS

The following forms can be ordered directly from the CDSS warehouse:

BCIA-4063 (Rev5/95) TRUSTLINE  
Trustline Application

BID-7 (5-90) Fingerprint Card

Camera ready copies of the following forms can be requested from CDSS:

CCP1 - Exemption For Trustline  
CCP2 - Informing Notice  
CCP3 - Trustline Checklist for Workers

SCC Forms and NOA's  
SCC 5 SCC Program Information  
SCC 6 Monthly Child Care Elig. Report  
M44-503 Denial/Payment Term  
M44-504 Approval  
M44-504A Partial Approval

TCC Forms and NOA's  
TCC 1 Application (Long Form)  
TCC 1A Application (Short Form)  
TCC 13 TCC Informational Sheet  
TCC 43 Monthly Request for TCC  
M47-125 Approval  
M47-125A Approval  
M47-140 TCC Denial/Payment Term  
M47-145 Payment Change  
M47-145A Approval (Monthly)

**ATTACHMENT C**

TITLE IV-A  
TRUSTLINE REGISTRATION PROCEDURES

The Trustline registration system will provide for criminal record clearance and substantiated child abuse report checks for child care providers who are exempt from licensing requirements and who care for children subsidized by Title IV-A funds. Trustline requirements will be phased in by only requiring those providers to register who have not been providing continuous care to a Title IV-A family. When there is a break in service for more than 30 days or if the provider begins to provide care to a new child, they will need to Trustline register.

The Trustline registration process for Title IV-A families will be as follows:

1. All license exempt child care providers who care for Title IV-A eligible children except aunts, uncles and grandparents by blood, marriage or court decree; a public school or recreation program as defined in Health and Safety Code Section 1596.792, shall apply to be registered with the Trustline Registry. If the provider is exempt because he/she is the aunt, uncle or grandparent of the child, he/she must complete the Declaration of Exemption for Trustline Registration.
2. A Title IV-A applicant/recipient will advise his/her county welfare department (CWD) worker that he/she wishes to use a specific license exempt child care provider. The worker will give the recipient the following: (a) an informational notice explaining the basic purpose and requirements of Trustline, (b) an application for Trustline registration to be completed by the provider and (c) a fingerprint card to be used by the provider.
3. The county may approve child care payments for care provided for up to 30 days, pending the receipt of documentation that an application for Trustline registration has been completed. Providers who are currently providing child care will not be required to apply for Trustline unless they begin caring for the children of a different Title IV-A funded family or if there is a break in service of more than 30 days for the care of children for any Title IV-A funded family. Families who are paying for child care using the income disregard, and are not requesting SCC, are not required to have their providers register with Trustline.

4. The CWD worker will complete the CWD portion of the Trustline application form to verify to the local Resource and Referral (R&R) agency that the family is Title IV-A eligible. This form will be given to the parent who will be instructed to have the provider give it to the local R&R with the fingerprint card. The worker will also insert the parent ID number (AFDC case number) and county name on the Trustline application.
5. The provider will complete the application, get fingerprinted and give the packet to a local R&R office. The R&R will send the Trustline application packet to the Department of Justice (DOJ) and then send a letter to the CWD advising them that the application has been sent to DOJ.
6. If the county does not receive the verification that a completed Trustline application was received by the local R&R within 30 calendar days of the date of receipt of the Trustline forms packet, the county will terminate payment. In the At-Risk Child Care Program, which is administered by the California Department of Education (CDE), the timelines will vary as the requirements for CDE programs will be applied and the notice period will be 28 days.
7. Upon receipt of the verification of application letter from the R&R, the CWD may approve subsequent payments for child care.
8. Using the information on the application and the fingerprint card, DOJ will conduct a review of the California Criminal History System and the Child Abuse Central Index to determine if the applicant has a history of any criminal convictions or substantiated reports of child abuse that would disqualify him/her from being listed on the registry. If the applicant's record is clear, DOJ will add his/her name to the Trustline Registry. DOJ will then advise the California Child Care Resource & Referral Network (CCCRRN) and the applicant. The CCCRRN will then notify the CWD and the local R&R.
9. Once the CWD is notified, the worker will file the letter from the CCCRRN in the case file.
10. If the applicant has disqualifying criminal convictions or substantiated reports of child abuse and his/her application is denied, he/she will not be listed on the Trustline Registry. DOJ will notify the CCCRRN and the applicant. The CCCRRN will notify the CWD and the local R&R.

11. When the CWD receives a denial letter from the CCCRRN, the worker will send the parent a notice of action indicating that the provider has been denied Trustline registration. The notice will advise the parent that payment eligibility for the current provider will terminate in 10 days in accordance with the Manual of Policies and Procedures (MPP) Division 22 requirements.
12. As the Criminal History System and Child Abuse Index are updated, the DOJ will conduct continual reviews of the registry and these data bases to determine if a provider who is listed on the Trustline Registry has had any subsequent convictions. If there are subsequent disqualifying convictions, a provider's name will be removed from the registry and the DOJ will notify the CCCRRN and the applicant. The CCCRRN will notify the CWD and the local R&R that the provider is no longer listed on the Trustline Registry.
13. When the CWD receives a revocation letter from CCCRRN, the worker will send the parent a notice of action indicating that the provider has been removed from the Trustline registry. The notice will advise the parent that payment eligibility for the current provider will terminate in 10 days in accordance with the MPP Division 22 requirements.
14. The DOJ computer system has the capability of identifying any and all Title IV-A parents who have been reported to have used a particular provider. The system will also be able to identify the counties where a provider has provided care. This will enable the DOJ to ensure that all counties and Title IV-A families will be notified if a provider has their Trustline application denied or their Trustline registration revoked as a result of a subsequent disqualifying criminal conviction or a substantiated report of child abuse.
15. If DOJ cannot process the application or the fingerprints, they will return one or both to the CWD for assistance. The DOJ may need clarification or a new set of fingerprints from the provider in order to complete the registration process.
16. If the provider does not re-start the application process within 30 days of a request from DOJ, the application will be closed by DOJ and they will notify the CCCRRN and the provider. The CCCRRN will then notify the CWD and local R&R. The CWD will then send a notice of action to the parent to advise them that they will terminate the child care payment in 10 calendar days.

**ATTACHMENT D**

**DECLARATION OF EXEMPTION FOR TRUSTLINE REGISTRATION**

- If you are the aunt, uncle or grandparent of a child for whom you are providing child care and you are exempt from licensure, please complete this form and indicate in the spaces below the name of the child and your relationship to that child.
- You must complete a separate form for each child for whom you are providing care and to whom you are an aunt, uncle or grandparent.

I declare under penalty of perjury under the laws of the United States of America and the State of California that I am by blood, marriage or court decree the \_\_\_\_\_ of \_\_\_\_\_  
(AUNT, UNCLE, GRANDPARENT) (NAME OF CHILD)  
 for whom I am providing child care.

I understand that because I am an aunt, uncle or grandmother/father I am exempt from the requirement to apply for Trustline registration.

I understand that giving wrong or incomplete information can result in legal prosecution with penalties of fine and imprisonment or both.

SIGNATURE OF PROVIDER

DATE

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

**DECLARACION DE EXENCION DEL REQUISITO DE SOLICITAR QUE SE ME INSCRIBA EN EL REGISTRO DE PERSONAS CUYOS ANTECEDENTES HAN SIDO VERIFICADOS (TRUSTLINE REGISTRATION)**

- Si es tía, tío, abuela o abuelo de un niño(a) al que usted le está proporcionando cuidado de niños y usted está exenta(o) del requisito de tener licencia, por favor complete este formulario e indique en los espacios a continuación el nombre del niño y su parentesco con ese niño.
- Usted tiene que completar un formulario por separado por cada niño al que le proporcione cuidado y del cual sea tía, tío, abuela o abuelo.

Declaro bajo pena de perjurio, y en conformidad con las leyes de los Estados Unidos de América y del Estado de California que, por relación sanguínea, matrimonio o mandato (decreto) de la corte, soy \_\_\_\_\_ de \_\_\_\_\_, al cual le proporciono cuidado de niños.  
(TIA, TIO, ABUELA, ABUELO) (NOMBRE DEL NIÑO)

Entiendo que porque soy tía, tío, abuela o abuelo, estoy exento del requisito de solicitar que se me inscriba en el registro de personas cuyos antecedentes han sido verificados (Trustline registration).

Entiendo que el dar información incorrecta o incompleta puede resultar en enjuiciamiento legal con sanciones de multa, encarcelamiento, o ambos.

FIRMA DEL PROVEEDOR

FECHA



## **IMPORTANT NOTICE CHILD CARE TRUSTLINE REGISTRY SYSTEM**

If you have a child/children in child care in the Greater Avenues For Independence (GAIN), Cal-Learn, At-Risk Child Care, Non-GAIN Education & Training (NET), California Alternative Assistance Program (CAAP), Supplemental Child Care (SCC) or Transitional Child Care (TCC) program this notice may be important to you as it may affect your child care payments.

When you ask for child care or request a change in child care providers, and the provider is not licensed, you will need that provider to send other information to show that he/she is Trustline registered or has applied for Trustline registration. A provider who does not have a license may be a friend, neighbor or relative who only cares for your children and theirs. If the provider is an aunt, uncle, or grandparent of the child in care, public or private school or recreation program as shown in Health and Safety Code Section 1596.792, they do not have to register for Trustline.

The Trustline Registry is a system that was made to help parents check on child care providers and protect children from possible dangerous individuals who are not licensed. This is done by making providers send in fingerprints and a Trustline application form to a local Resource & Referral Agency who send them to the California Department of Justice where they decide if a provider has a record of criminal convictions or substantiated child abuse reports. If there is no record of disqualifying convictions, a provider is then approved to be listed on the Trustline registry.

If you choose a provider that must be Trustline registered, you will be given a Trustline application form and fingerprint cards for your provider to fill in. The provider must make sure that the paperwork is filled in and sent to your local Resource and Referral Office within 30 calendar days of when you get the forms.

If a child care provider says they are already on the Trustline Registry, you may call the Resource & Referral Network (1-800-822-8490) toll free and they will tell you if the provider is on the registry.

If the provider you choose applies for Trustline and is denied, your child care benefits for that provider will stop.

If you have any questions about these rules, ask your worker.

## TRUSTLINE CHECKLIST TITLE IV-A LICENSE EXEMPT CHILD CARE

Case Name \_\_\_\_\_ Case # \_\_\_\_\_

Provider \_\_\_\_\_ Child 1 \_\_\_\_\_ 2 \_\_\_\_\_

Child 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

**PART I**

- a. Is the provider an aunt, uncle or grandparent of the child (ren) by blood, marriage or court decree or a public or private school or public recreation program Under H&S Code 1596.792? ☐ Yes ☐ No

\* If the provider is one of those in a. above, Trustline registration is not required. The worker must have the provider complete a Declaration Of Exemption For Trustline (Form CCP 1) and may stop at this point.

- b. Does the provider declare that he/she previously applied for or is already on the Trustline Registry? ☐ Yes ☐ No

If the provider declares that he/she has applied for or is on the Trustline Registry, has this been confirmed by the county worker by calling 1-800-822-8490, the R&R Network?

☐ Yes ☐ No

If the Network verifies that an application is pending or they are on Trustline, request that the provider complete another application but not a fingerprint card.

**PART II**

The following document(s) should be presented to the client requesting child care and he/she should be advised to give these documents to their provider along with instructions to clarify that the Trustline application process must be completed within 30 days of the date Trustline forms are received by the client or payment will be terminated:

1. Informing Notice, Trustline Registry System, Form (CCP 2)
2. Department of Justice Trustline Application, BCIA 4063
3. Fingerprint Card, BID-7 (No substitutes)

After providing the forms to the client the worker should prepare a notice of action advising of approval for child care for 30 calendar days pending verification of Trustline application by the provider.

Worker \_\_\_\_\_

Date \_\_\_\_\_

**ATTACHMENT E**

## SUPPLEMENTAL CHILD CARE (SCC) PROGRAM INFORMATION

### What is SCC?

- The SCC Program helps pay child care costs for working Aid to Families With Dependent Children (AFDC) recipients who have child care costs that are more than the amount deducted from their earnings when figuring their monthly aid amount. This deduction is called a Dependent Care Income Disregard. The maximum amounts allowed as a dependent care income disregard are \$175 for a child aged 2 years or older and \$200 for a child under age 2.
- SCC pays up to a limit based on the age of the child, the special needs of the child, the type and location of care, and whether care is provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.
- SCC payments are not counted against your cash aid. However, it may lower your Food Stamps.

### Can I get SCC?

To get SCC you must meet the following rules:

- You must be on AFDC and have child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care. The child must be in your home and in your assistance unit or getting federal foster care or SSI/SSP.
- Your child care provider must be at least 18 years old, not a parent or legal guardian of the child, not a member of your AFDC assistance unit, and licensed with the State of California unless he/she is exempt. Exempt means non-licensed care of your children by a friend, neighbor, or relative in your home or his/her home. The friend or neighbor may only care for your children and theirs without a license. Exempt care also includes after school programs provided by school districts. License exempt providers must register for Trustline.
- You must be working and give us proof of your child care costs on a Monthly Child Care Eligibility Report (SCC 6) along with your Monthly Eligibility Report (CA-7/SAWS 7) no later than the 11th day of the report month.

### What are my rights?

Your rights are:

- To be told in writing when your SCC payments are approved, denied, changed or stopped.
- To choose the child care provider that is best for you and your child(ren).
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing, you will not get aid paid pending the hearing. You shall be paid for child care services only at the level authorized by the county action under appeal.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint if you feel you have been discriminated against.

### What are my responsibilities?

To get SCC, you must:

- Give us proof of your child care costs by the 5th day of every month on a Monthly Child Care Eligibility Report (SCC 6). When it is not given to us by the 11th day of the month, your SCC payment is late. When it is not given to us by the first day of the next month, your SCC payment is denied.
- Give us the facts that we need and show proof of them as needed.
- Agree to pay back any SCC that you were not entitled to get.
- If your provider is license exempt, you must assist (s)he in applying for Trustline registration unless (s)he is an aunt, uncle or grandparent of a child(ren) in his/her, care or a school or recreational facility.

### When will I stop getting SCC?

You will stop getting SCC when:

- You are no longer getting AFDC.
- You are no longer working.
- You do not give us a timely Monthly Child Care Eligibility Report (SCC 6).
- You become eligible for and able to get child care benefits from another subsidized program.
- You no longer have an eligible child in the home.
- Your child care provider is not licensed with the State of California and needs a license; your provider is not 18 years of age or older.
- Your license exempt child care provider is denied or loses their trustline registration status.

### Penalty warning

- Failure to report facts or giving wrong or incomplete facts to the SCC Program can result in legal prosecution with penalties of a fine, imprisonment, or both.

### Additional information:

What other programs are available to help with child care costs?

- The California Alternative Assistance Program (CAAP) allows working AFDC recipients to receive child care assistance and Medi-Cal instead of a cash grant. Ask your worker.
- The Transitional Child Care (TCC) Program may help you pay your child care costs for up to 12 months after you stop getting AFDC because you are working. Ask your worker.
- The At Risk Child Care Program (ARCCP) may help you pay your child care costs if you are not getting AFDC or TCC and are working. You can call toll-free 1-800-998-9114 for more information.
- The California Department of Education (CDE) has a subsidized child care system. For more information contact your local Resource and Referral Agency.

## INFORMACION SOBRE EL PROGRAMA SUPLEMENTAL DE CUIDADO DE NIÑOS (SCC)

### ¿Qué es SCC?

- El programa de SCC les ayuda a pagar los gastos de cuidado de niños a las personas que trabajan, reciben beneficios del Programa de Asistencia para Familias con Niños Necesitados (AFDC), y tienen gastos de cuidado de niños que son mayores que la cantidad deducida de sus ingresos ganados cuando se calcula su cantidad mensual de asistencia. A esta deducción se le llama una deducción en los ingresos por gastos de cuidado de personas a su cargo. Las cantidades máximas que se permiten como deducción en los ingresos por gastos de cuidado de personas a su cargo, son \$175 dólares por un niño(a) de 2 años de edad o más y \$200 dólares por un niño menos de 2 años de edad.
- El programa de SCC paga hasta un límite basado en la edad del niño, las necesidades especiales del mismo, la clase y localidad del cuidado, y en que si el cuidado que se proporciona durante el mes es de tiempo completo (más de 147 horas) o parte del tiempo (147 horas o menos).
- Los pagos de SCC no se toman en consideración al calcular su asistencia monetaria. Sin embargo, ellos pueden reducir sus estampillas para comida.

### ¿Puedo recibir SCC?

Para recibir SCC, usted tiene que reunir los siguientes requisitos:

- Usted tiene que estar recibiendo AFDC y tener gastos de cuidado de niños por un niño que tenga menos de 13 años de edad, un niño discapacitado, o un niño bajo la supervisión de la corte que necesita cuidado. El niño tiene que ser miembro del hogar y la unidad de asistencia de usted o estar recibiendo beneficios federales de cuidado de crianza temporal o SSI/SSP.
- El/la proveedor(a) de cuidado de niños tiene que tener por lo menos 18 años de edad, no puede ser el/la padre/madre ni el/la tutor(a) legal del niño, no puede ser miembro de la unidad de asistencia de AFDC de usted, y tiene que tener una licencia del Estado de California, a menos que esté exento(a) de este requisito. El "cuidado exento" es el cuidado de sus hijos, sin licencia, proporcionado por un amigo(a), vecino(a) o pariente en la casa de usted o en la de él/ella. Este proveedor solamente puede cuidar a los hijos de usted y a los suyos propios sin tener licencia. El cuidado de niños exento también incluye a los programas para después de la escuela que proporcionan los distritos escolares.
- Usted tiene que estar trabajando y tiene que darnos pruebas de sus gastos de cuidado de niños, usando el Reporte Mensual de Elegibilidad para el Cuidado de Niños (SCC 6) junto con su Reporte Mensual de Elegibilidad/Situación (CA-7/SAWS 7), a más tardar el día 11 del mes del reporte.

### ¿Cuáles son mis derechos?

Usted tiene derecho:

- a que se le informe por escrito cuando sus pagos de SCC se aprueben, nieguen, cambien o descontinúen.
- a escoger al proveedor de cuidado de niños que sea mejor para usted y su(s) niño(s).
- a pedir una audiencia con el estado si usted no está de acuerdo con cualquier acción que el condado tome. Si solicita una audiencia, no recibirá asistencia mientras que se lleva a cabo la misma. Se le pagarán los servicios de cuidado de niños solamente al nivel autorizado por la acción del condado que se esté apelando.
- a que se le presten servicios sin que se tome en consideración su raza, color, origen nacional, religión, afiliación política, estado civil, sexo, incapacidad o edad. Puede presentar una queja si piensa que se le ha discriminado.

### ¿Cuáles son mis responsabilidades?

Para recibir SCC, usted tiene que:

- darnos pruebas de sus gastos de cuidado de niños a más tardar el día 5 de cada mes usando el SCC 6. Cuando no se nos dan a más tardar el día 11 del mes, su pago de SCC se atrasa. Cuando no se nos dan a más tardar el primer día del mes siguiente, su pago de SCC se niega.
- darnos la información que necesitemos y mostrarnos pruebas para verificarla tal y como sea necesario.
- estar de acuerdo en devolver cualquier cantidad de SCC que reciba sin tener derecho a ella.

### ¿Cuándo dejaré de recibir SCC?

Dejará de recibir SCC cuando:

- ya no esté recibiendo AFDC.
- ya no esté trabajando.
- no nos dé el SCC 6 a tiempo.
- reúna los requisitos de otro programa subsidiario y pueda recibir beneficios de cuidado de niños de ese otro programa.
- ya no tenga un hijo(a) en su hogar que reúna los requisitos.
- su proveedor de cuidado de niños no tenga una licencia del Estado de California y necesita una licencia o su proveedor no tiene 18 años de edad o más.

### Advertencia sobre sanciones

- El no reportar datos o el dar datos falsos o incompletos al programa de SCC puede resultar en enjuiciamiento con sanciones de multa, encarcelamiento, o ambos.

### Información adicional:

¿Qué otros programas están a la disposición para ayudar con los gastos de cuidado de niños?

- El Programa Alternativo de Asistencia de California (CAAP) les permite a las personas que trabajan y reciben beneficios de AFDC recibir asistencia de cuidado de niños y Medi-Cal en vez de un pago mensual. Comuníquese con su trabajador(a).
- El Programa de Transición de Cuidado de Niños (TCC) le puede ayudar a pagar sus gastos de cuidado de niños durante un período de hasta 12 meses después de que deje de recibir AFDC porque esté trabajando. Comuníquese con su trabajador.
- El Programa de Cuidado de Niños para Familias que Corren el Riesgo de Volver a Depender de la Asistencia Pública (ARCCP) le puede ayudar a pagar los gastos de cuidado de niños si usted no está recibiendo AFDC ni TCC y está trabajando. Puede llamar al número gratuito 1-800-998-9114 para obtener más información.
- El Departamento de Educación de California (CDE) tiene un sistema subsidiario de cuidado de niños. Para obtener más información, póngase en contacto con la oficina local que ayuda a los padres a conseguir cuidado de niños (Resource and Referral Agency).

**MONTHLY CHILD CARE ELIGIBILITY REPORT****Instructions:**

- If you work and paid child care costs and want an SCC or CAAP payment, fill out and return this report to your worker by the 5th of each month with your CA 7/SAWS 7. If a complete report is not in by the 11th, your child care benefits may be late, denied, or stopped.
- PART A must be filled out by you and PART B, on the back of this form, must be filled out by each child care provider. If needed, ask your worker for more copies.
- If you are getting CAAP payments and want to get cash aid, write that on your CA 7/SAWS 7.

**PART A - RECIPIENT FILLS IN THIS SECTION.**

1.	NAME (FIRST, MIDDLE, LAST)	CASE NAME, IF DIFFERENT	HOME PHONE ( )	WORK PHONE, IF APPLICABLE ( )
ADDRESS (STREET, CITY, STATE, ZIP CODE)				

2. List the number of hours you worked each day in the month. (Do not write in the blanks on days you did not go to work.) Attach proof, if available.

Month/Year of Request: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS

3. List your normal work hours.

For example: Monday-Thursday, 8:00 a.m. to 5:00 p.m.; Saturday, 1:00 p.m.-5:00 p.m.

4. It takes me \_\_\_\_\_ hours \_\_\_\_\_ minutes each day to go to and from my child care provider and where I go to work.

5. List your child care costs for the month:

CHILD'S NAME	BIRTHDATE	AGE	PROVIDER'S NAME	AMOUNT OWED	AMOUNT PAID

6. My child care provider has changed since my last request for a child care payment.  
(If "yes", your new provider must be approved before you can get a payment.)

☐ YES ☐ NO**COUNTY USE ONLY**

Date Received:

Worker Number:

Case Name:

Case Number:

(✓) the boxes below when the status for each has been verified.

☐ Total Hours Verified
☐ Evening/weekend Hours

For License Exempt Provider

☐ Applied For Trustline☐ Trustline Registered
☐ Exempt From Trustline
☐ RMR Changed**CERTIFICATION**

I understand that:

- I am certifying I went to work on the days and hours listed above.
- Any statements made on this form are subject to investigation and verification.
- The hours of child care reported on this form are reasonably related to the hours I work.
- I have the right to choose the child care provider who is best for me and my child(ren).
- The provider must have a license or be exempt from having a license in order for me to get a child care payment.
- If I choose a license exempt child care provider, (s)he must apply for or be Trustline registered unless (s)he is an aunt, uncle, grandparent, school or recreation department providing care.
- The information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- I must pay back any child care payments I am not entitled to get.
- The county does not act as the child care provider's employer, and does not have a business relationship with the child care provider when a child care payment is paid.
- If I choose child care in my home, I am the employer and am responsible for the social security tax. I also understand that if I have the child care provider work 20 hours a week or more in my home, I have to pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes according to the Fair Labor Standards Act (FLSA).
- I am certifying that I have paid the child care provider(s) listed above for the care provided.
- I am authorizing the county to get any verification necessary to process this request.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in PART A on this report is true and correct.

SIGNATURE OF RECIPIENT

DATE

**PART B - ONLY CHILD CARE PROVIDER FILLS IN THIS SECTION.**

1. PROVIDER'S NAME (FIRST, MIDDLE, LAST) OR NAME OF FACILITY						SOCIAL SECURITY NUMBER/TAX ID NUMBER (OPTIONAL)	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE	PHONE (    )	
ADDRESS WHERE CARE IS PROVIDED, IF DIFFERENT THAN ABOVE.						PHONE (    )	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE		

2. I provided child care in: ☐ My Home ☐ Child's Home ☐ Family Day Care Home ☐ Day Care Center  
for the recipient listed on the front in \_\_\_\_\_, 19\_\_\_\_, for the following child(ren):  
MONTH

Child's Name	Amount Paid Per Child	Date Paid	Rate Charged	Specify How Charged (per hour, day, week, month)
A.				
B.				
C.				
D.				

3. List the number of hours you provided child care to each child for each day of the month:

Child	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
A.																																
B.																																
C.																																
D.																																

Other information:

4. For the boxes listed below, check (✓) the one that applies to you.

- ☐ I certify I am a licensed child care provider and my license number is \_\_\_\_\_.
- ☐ I certify I do not need a child day care license because:
- ☐ I am related to the child: Child A: \_\_\_\_\_, Child B: \_\_\_\_\_, Child C: \_\_\_\_\_, Child D: \_\_\_\_\_.
- (relationship) (relationship) (relationship) (relationship)
- ☐ I care for my own child(ren) and the child(ren) from only one other family at any one time.
- ☐ The facility is a public or private school which operates a program before and/or after school for school-age children, providing the program offered by a school is operated by the school and run by qualified teachers employed by the school or school district.
- ☐ The facility is a public or private recreation program.
- I declare that I am at least 18 years of age.
  - I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct and that I have received payment for these costs. I understand that I should not sign this form if I have not been paid for my child care.
  - I understand that if I am license exempt, I must apply for Trustline registration unless I am an aunt, uncle, grandparent of a child(ren) in my care or a school or recreation facility.
  - I understand that the social security number, if provided above, will be used to check whether I am also receiving AFDC, Food Stamps, and/or Medi-Cal benefits.
  - I understand that I must charge the recipient listed on the front the same or lower child care rates that I charge other clients for the same service.
  - I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
  - I understand that the County does not act as my employer or have a business relationship with me when I get a child care payment.
  - I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in PART B on this report is true and correct.

SIGNATURE OF PROVIDER	DATE
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# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

As of \_\_\_\_\_, the County has denied your Supplemental Child Care (SCC) payment for the month(s) of \_\_\_\_\_.

## HERE'S WHY:

- ☐ You were not in the AFDC assistance unit.
- ☐ You were not working.
- ☐ You did not need child care since another parent or legally-responsible person is in the home and can provide the child care.
- ☐ Your child \_\_\_\_\_ is 13 or more years old (which is over the age we can pay for) and is not disabled or under court supervision.
- ☐ The Monthly Child Care Eligibility Report (SCC 6) you sent in this month is incomplete. If you complete and return the SCC 6 no later than the first day of next month, the county may give you an SCC payment.
- ☐ Your Monthly Child Care Eligibility Report (SCC 6) was late.
- ☐ You are no longer getting AFDC cash aid.
- ☐ Your child care costs, which are over the amount allowed as a disregard when we figured your cash aid, are over the SCC payment limit.
- ☐ Your child \_\_\_\_\_ is not in your AFDC assistance unit or receiving Supplemental Security Income (SSI) or foster care.
- ☐ Your child care provider does not have a day care license and must have one.
- ☐ Your license exempt child care provider had his/her application for Trustline denied.
- ☐ Your license exempt child care provider had his/her Trustline registration status revoked.
- ☐ Your license exempt child care provider had his/her Trustline registration case closed.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ Other:

You can call your worker if you think this notice is wrong.

If you are no longer getting AFDC cash aid but are working and need child care, you may be able to get help from the Transitional Child Care (TCC) Program. Ask your worker.

**Rules:** These rules apply. You may review them at your welfare office:  
MPP 44-503, 44-506, 44-507.



# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your Supplemental Child Care (SCC) Payment for the month of \_\_\_\_\_ has been approved for the amount of \$ \_\_\_\_\_.

The County will only pay child care for the days and hours related to your work hours and only up to a payment limit set by the State of California. The SCC payment limit is based on the child's age and special needs, the type of care, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

The SCC payment is what you paid for your child care or the payment limit, whichever is less, minus any amount of child care disregard allowed when we figured your cash aid amount.

You must give us a completed Monthly Child Care Eligibility Report (SCC 6) each month with your monthly report (CA 7/SAWS 7) when you want an SCC payment.

SCC payments will be paid to you by the first day of the month after you give us a completed SCC 6 with your monthly report (CA 7/SAWS 7). However, if you send in your report late or incomplete, your SCC payment may be late or denied.

You can call your worker if you think this notice is wrong.

Your SCC payment limit and payment amount are figured on this notice.

Any box(s) checked below apply to you:

☐ You have chosen a provider who is not licensed and must apply for Trustline registration.

Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the county gets proof that your

\_\_\_\_\_ <sup>Date</sup> provider has applied for Trustline registration and you will receive no further notice.

Child's name: \_\_\_\_\_

Provider's name: \_\_\_\_\_

## Section A

Your child care costs \$ \_\_\_\_\_

Your payment limit \$ \_\_\_\_\_

## Section B.

1. Lesser amount of two above \$ \_\_\_\_\_

2. Amount allowed in the disregard - \_\_\_\_\_

3. Subtotal = \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

## Section A

Your child care costs \$ \_\_\_\_\_

Your payment limit \$ \_\_\_\_\_

## Section B.

1. Lesser amount of two above \$ \_\_\_\_\_

2. Amount allowed in the disregard - \_\_\_\_\_

3. Subtotal = \_\_\_\_\_

TOTAL OF SECTION B SUBTOTAL(S) \$ \_\_\_\_\_

Adjustment to collect overpayment - \_\_\_\_\_

TOTAL MONTHLY SCC PAYMENT = \$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-504, 44-505.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

Your payment for Supplemental Child Care (SCC) for the month of \_\_\_\_\_ has been approved for the amount of \$ \_\_\_\_\_. This amount is less than you asked for.

## HERE'S WHY:

- ☐ You did not give us a Monthly Child Care Eligibility Report (SCC 6) signed by each of your child care providers.
- ☐ One of your child care providers is not eligible for SCC. To get an SCC payment, your provider must be at least 18 years old; not be a parent, legal guardian or member of your assistance unit; have a day care license or not need one; and your license exempt provider must register for Trustline.
- ☐ One of your children is not eligible for an SCC payment. To get SCC for your child, your child must be under the age of 13 or cannot care for him/herself or under court supervision.
- ☐ All of the child care hours you reported were not related to your work hours so we cannot pay all of your child care costs.
- ☐ Other:

The County will only pay child care for the days and hours related to your work hours and only up to a payment limit set by the State of California. The SCC payment limit is based on the child's age and special needs, the type of care, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

The SCC payment is what you paid for your child care or the payment limit, whichever is less, minus any amount of child care disregard allowed when we figured your cash aid amount.

You must give us a completed Monthly Child Care Eligibility Report (SCC 6) each month with your monthly report (CA 7/SAWS 7) when you want an SCC payment.

SCC payments will be paid to you by the first day of the month after you give us a completed SCC 6 with your monthly report (CA 7/SAWS 7). However, if you send in your SCC 6 late or incomplete, your SCC payment may be late or denied.

You can call your worker if you think this notice is wrong.

Your SCC payment limit and payment amount are figured on this notice.

- ☐ You have chosen a provider who is not licensed and must apply for Trustline registration. Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the county gets proof that your provider has applied for Trustline registration and you will receive no further notice.

Child's name: \_\_\_\_\_

Provider's name: \_\_\_\_\_

## Section A

Your child care costs \$ \_\_\_\_\_

Your payment limit \$ \_\_\_\_\_

## Section B.

1. Lesser amount of two above \$ \_\_\_\_\_
2. Amount allowed in the disregard - \_\_\_\_\_
3. Subtotal = \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

## Section A

Your child care costs \$ \_\_\_\_\_

Your payment limit \$ \_\_\_\_\_

## Section B.

1. Lesser amount of two above \$ \_\_\_\_\_
2. Amount allowed in the disregard - \_\_\_\_\_
3. Subtotal = \_\_\_\_\_

TOTAL OF SECTION B SUBTOTAL(S) \$ \_\_\_\_\_

Adjustment to collect overpayment - \_\_\_\_\_

TOTAL MONTHLY SCC PAYMENT =\$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 44-504

# APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS – COVERSHEET

## WHAT IS TCC?

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- **IMPORTANT:** The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
  - Increased earnings or hours of work.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for a child in your home who gets Supplemental Security Income (SSI) or Foster Care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid if the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

## YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools. License exempt providers must apply for Trustline.
- To have your Family Fee refigured if your situation changes. Ask your TCC worker.

## YOUR RIGHTS (CONTINUED)

- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

## YOUR RESPONSIBILITIES

### You Must:

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request in TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- If your child care provider is license exempt, you must assist (s)he in applying for Trustline registration unless (s)he is an aunt, uncle or grandparent of a child(ren) in his/her care or a school or recreational facility
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

## TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- You stop your job without a good reason.
- You don't pay your Family Fee to your child care provider.
- You no longer have an eligible child in the home.

## PENALTY WARNING

- Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

## APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS

**INSTRUCTIONS:** If you want TCC, read the coversheet to this application before you fill out the questions below. Please use ink. Attach another sheet of paper if you need more space. You will need to show proof of earnings and hours worked.

Return the completed form to the County Welfare Department (CWD). The CWD will tell you whether you can get TCC and what your family fee will be.

If you need help or have questions, ask the TCC Worker.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)		BIRTHDATE		SOCIAL SECURITY NUMBER	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE
BIRTHPLACE (CITY/STATE)			RELATIONSHIP TO CHILD(REN)		
CITIZENSHIP/IMMIGRATION STATUS					
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)					
1. Did you or your family receive aid anywhere within the last 6 months? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If "YES", specify under what name, where, when and type(s) of aid you got.					
2. List the children who are living with you, that you pay child care for and list their child care provider(s). (Include children who receive Foster Care or SSI benefits.)					
A. CHILD'S NAME		BIRTH DATE		SOCIAL SECURITY NUMBER	
BIRTHPLACE (CITY/STATE)			RELATIONSHIP TO APPLICANT		
CITIZENSHIP/IMMIGRATION STATUS					
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)					
Is this child disabled or under court supervision? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>					
If "YES", explain and attach proof:					
PROVIDER'S NAME		PROVIDER'S ADDRESS		NUMBER STREET	
PROVIDER'S PHONE ( )		CITY		STATE ZIP CODE	
TYPE OF PROVIDER					
<input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL EMPLOYEES <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME					
HOURS OF CARE					
<input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (Full-time) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (Part-time)					
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?				DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?	
\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month				<input type="checkbox"/> YES (If "YES", attach proof) <input type="checkbox"/> NO	
B. CHILD'S NAME		BIRTH DATE		SOCIAL SECURITY NUMBER	
BIRTHPLACE (CITY/STATE)			RELATIONSHIP TO APPLICANT		
CITIZENSHIP/IMMIGRATION STATUS					
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)					
Is this child disabled or under court supervision? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>					
If "YES", explain and attach proof:					
PROVIDER'S NAME		PROVIDER'S ADDRESS		NUMBER STREET	
PROVIDER'S PHONE ( )		CITY		STATE ZIP CODE	
TYPE OF PROVIDER					
<input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL EMPLOYEES <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME					
HOURS OF CARE					
<input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (Full-time) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (Part-time)					
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?				DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?	
\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month				<input type="checkbox"/> YES (If "YES", attach proof) <input type="checkbox"/> NO	

## COUNTY USE ONLY

DATE RECEIVED:

WRITTEN REQUEST:

VERBAL REQUEST:

Case Number

AFDC Disc. Code:

Approved ☐ Denied ☐

Start Date:

End Date:

Reason for Denial:

TCC Worker:

Supervisor:

☐ AFDC Received  
3 out of last 6 months

☐ Former GAIN OJT  
Participant

☐ Child Under Age 13  
☐ Foster Child  
☐ SSI  
☐ Was in AFDC/AU  
☐ Over 13  
☐ Disabled  
☐ Court Supervision  
☐ Trustline registration required

☐ Child Under Age 13  
☐ Foster Child  
☐ SSI  
☐ Was in AFDC/AU  
☐ Over 13  
☐ Disabled  
☐ Court Supervision  
☐ Trustline registration required

**3. List all other persons living in your home (include other children not listed above, parents, step-parents, grandparents, etc.)**

NAME (FIRST, MIDDLE, LAST)		BIRTHDATE		SOCIAL SECURITY NUMBER	
BIRTHPLACE (CITY/STATE)			RELATIONSHIP TO CHILD(REN)		
CITIZENSHIP/IMMIGRATION STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)					
MARITAL STATUS (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed					
NAME (FIRST, MIDDLE, LAST)		BIRTHDATE		SOCIAL SECURITY NUMBER	
BIRTHPLACE (CITY/STATE)			RELATIONSHIP TO CHILD(REN)		
CITIZENSHIP/IMMIGRATION STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)					
MARITAL STATUS (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed					
NAME (FIRST, MIDDLE, LAST)		BIRTHDATE		SOCIAL SECURITY NUMBER	
BIRTHPLACE (CITY/STATE)			RELATIONSHIP TO CHILD(REN)		
CITIZENSHIP/IMMIGRATION STATUS <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (Specify)					
MARITAL STATUS (✓) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed					
<b>4. Did anyone move into or out of your home since AFDC benefits stopped?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Include newborns or anyone who died.)					
NAME:		RELATIONSHIP TO YOU		WHAT HAPPENED	
				DATE	
<b>5. Complete the information below for anyone who works or expects to work.</b> • Include all earnings and tips. Attach paystubs or other proof of earnings. • If self-employed, list business expenses on a separate sheet of paper and attach proof.					
NAME		EMPLOYER'S NAME			
DATE(S) JOB STARTED OR STOPPED		EMPLOYER'S ADDRESS    NUMBER    STREET			
WORK SCHEDULE		CITY    STATE    ZIP CODE			
		DAYS WORKED PER MONTH		HOURS WORKED PER MONTH	
HOW OFTEN ARE YOU PAID? <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY		AMOUNT BEFORE DEDUCTIONS \$		TIPS OR COMMISSIONS? <input type="checkbox"/> YES \$ <input type="checkbox"/> NO	
				AMOUNT	
NAME		EMPLOYER'S NAME			
DATE(S) JOB STARTED OR STOPPED		EMPLOYER'S ADDRESS    NUMBER    STREET			
WORK SCHEDULE		CITY    STATE    ZIP CODE			
		DAYS WORKED PER MONTH		HOURS WORKED PER MONTH	
HOW OFTEN ARE YOU PAID? <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY		AMOUNT BEFORE DEDUCTIONS \$		TIPS OR COMMISSIONS? <input type="checkbox"/> YES \$ <input type="checkbox"/> NO	
				AMOUNT	

**COUNTY USE ONLY**

☐ Was in AFDC/AU

☐ Was in AFDC/AU

☐ Was in AFDC/AU

Total number of TCC family members:

☐ Income Verified  
 Total Gross Earned Income: \$  
 Average Monthly Income: \$

**CERTIFICATION**

- I understand that the statements I have made on this form are subject to investigation and verification.
  - I understand that TCC must be needed to permit a member of the AFDC family to accept or retain employment and that there must not be an adult in the TCC family available to care for the child(ren).
  - I understand that I must tell my TCC worker within 10 days of any change in my income, work hours, or family.
  - I understand that I must repay any TCC benefits I am not entitled to get, even when the benefits are paid directly to the provider.
  - I have read (or it was read to me) and received a copy of the TCC Coversheet and I understand my Rights and Responsibilities.
  - I understand that failing to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.
  - I understand that if I choose a license exempt child care provider he/she must apply for Trustline registration unless he/she is an aunt, uncle, grandparent, school or recreation department.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct.**

SIGNATURE OF APPLICANT		DATE SIGNED	PHONE NUMBER WHERE YOU MAY BE REACHED IN CASE YOUR WORKER NEEDS TO CONTACT YOU
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON		DATE SIGNED	

# APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS – COVERSHEET

## WHAT IS TCC?

- TCC may help you pay most of your child care costs after you go off Aid to Families with Dependent Children (AFDC).
- You may get TCC for up to 12 months in a row beginning with the first month you become ineligible for AFDC.
- You must pay part of your child care costs which is called the Family Fee. It is based on the gross earnings of the TCC family members and the number of members in the family.
- **IMPORTANT:** The TCC family must pay for the Family Fee and any child care costs above the TCC limit. The TCC limit is based on the age of the child, the type of care, and whether care is provided full-time or part-time.
- You must have received AFDC three out of the last six months before you were ineligible for AFDC; and, AFDC must have stopped due to:
  - Increased earnings or hours of work.
- You must work and pay child care costs for a child under the age of 13 years, for a disabled child or child under court supervision who needs care.
- You can get TCC for child in your home who gets Supplemental Security Income (SSI) or Foster care.
- Your Family Fee will be refigured once after you get 6 months of TCC, unless you ask your worker to figure it again at another time.
- TCC cannot be paid when the provider is under 18 years old or is the parent, legal guardian, conservator or a member of the TCC family.

## YOUR RIGHTS:

- To ask for TCC verbally; but a written request must be completed before payment can be made.
- To be told about your Rights and Responsibilities.
- To apply for TCC any month during the 12-months after you are ineligible for AFDC. You may apply by mail, but the County may ask you to come in.
- To be told in writing when your application is approved or denied or your benefits change or stop.
- To choose the child care provider that is best for you and your child(ren). Child care providers must be at least 18 years of age and licensed with the State of California unless they are exempt. Exempt means non-licensed care of your children by a friend, neighbor or relative in your home or their home. The friend or neighbor may only care for your children and theirs without a license. Exempt care is also before and after-school programs operated by public and private schools. License exempt providers must apply for Trustline.
- To have your Family Fee refigured if your situation changes. Ask your TCC worker.

## YOUR RIGHTS

- To have your TCC benefit transferred to another California county if you move and are still eligible. You must tell your worker that you have moved.
- To ask for a state hearing if you disagree with any action taken by the county. If you ask for a hearing within 10 calendar days of your Notice of Action or within 10 calendar days after the TCC payment was made, TCC benefits shall be paid pending the hearing up to the date of settlement, but no longer than the remaining TCC eligibility period.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. You may file a complaint if you feel you have been discriminated against.

## YOUR RESPONSIBILITIES

### You Must:

- Pay your Family Fee to your child care provider every month.
- Pay your child care provider for the care reported on your Request for TCC Payment.
- Choose a clean, healthy and safe environment for your child care.
- Give us a completed Request for TCC Payment every month you want a payment.
- Give us your last completed Request for TCC Payment by the last day of the month following the month your TCC stops.
- Give us a completed TCC Status Report when needed.
- Give us the facts that we need and show proof of them as needed.
- Tell us when there is a change in your child care provider or hours of employment and when you are getting other help paying your child care costs.
- If your child care provider is license exempt, you must assist (s)he in applying for Trustline registration unless (s)he is an aunt, uncle or grandparent of a child(ren) in his/her care or is a school or recreational facility.
- Pay back any TCC paid to you in error even if the payment was made directly to the child care provider.

## TCC MAY STOP IF:

- You don't cooperate with the District Attorney to help get child support.
- You stop your job without a good reason.
- You don't pay your Family Fee to your child care provider.
- You no longer have an eligible child in the home.

## PENALTY WARNING

- Failure to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

**APPLICATION FOR TRANSITIONAL CHILD CARE (TCC) BENEFITS****COUNTY USE ONLY**

**INSTRUCTIONS:** If you want TCC, read the coversheet to this application before you fill out the questions below. Please use ink. Attach another sheet of paper if you need more space. You will need to show proof of any earnings, and hours worked.

Return the completed form to the County Welfare Department (CWD). The CWD will tell you whether you can get TCC and what your Family Fee will be.

If you need help or have questions, ask the TCC worker.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)		BIRTHDATE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE
HOME PHONE ( )		WORK PHONE ( )		

Date Received:

Written Request:

Verbal Request:

CASE NAME:

CASE NUMBER:

**1. List the children who are living with you, that you pay child care for, and list their child care provider.****A. CHILD'S NAME**

PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER	STREET
PROVIDER'S PHONE ( )	CITY	STATE	ZIP CODE
TYPE OF PROVIDER <input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME    EMPLOYEES			
HOURS OF CARE <input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (FULL TIME) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (PART TIME)			
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?		DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?	
\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month		<input type="checkbox"/> YES (If "YES", attach proof) <input type="checkbox"/> NO	

☐ AFDC received 3 out of last 6 months.  
 Former GAIN CJT Participant
**B. CHILD'S NAME**

PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER	STREET
PROVIDER'S PHONE ( )	CITY	STATE	ZIP CODE
TYPE OF PROVIDER <input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME    EMPLOYEES			
HOURS OF CARE <input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (FULL TIME) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (PART TIME)			
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?		DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?	
\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month		<input type="checkbox"/> YES (If "YES", attach proof) <input type="checkbox"/> NO	

**A.**  
☐ Child Under Age 13    ☐ Over Age 13  
☐ Foster Child    ☐ Disabled  
☐ SSI    ☐ Court  
☐ Was In AFDC AU    Supervision  
☐ Trustline Registration Required

**B.**  
☐ Child Under Age 13    ☐ Over Age 13  
☐ Foster Child    ☐ Disabled  
☐ SSI    ☐ Court  
☐ Was In AFDC AU    Supervision  
☐ Trustline Registration Required

**C.**  
☐ Child Under Age 13    ☐ Over Age 13  
☐ Foster Child    ☐ Disabled  
☐ SSI    ☐ Court  
☐ Was In AFDC AU    Supervision  
☐ Trustline Registration Required

☐ Ages Verified  
☐ Citizenship/Allen Status Verified  
☐ Relationships Verified
**C. CHILD'S NAME**

PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER	STREET
PROVIDER'S PHONE ( )	CITY	STATE	ZIP CODE
TYPE OF PROVIDER <input type="checkbox"/> LICENSED FAMILY DAY CARE <input type="checkbox"/> EXEMPT - IN CHILD'S HOME <input type="checkbox"/> EXEMPT - CENTER OPERATED BY SCHOOL <input type="checkbox"/> LICENSED DAY CARE CENTER <input type="checkbox"/> EXEMPT - OUTSIDE CHILD'S HOME    EMPLOYEES			
HOURS OF CARE <input type="checkbox"/> MORE THAN 147 HOURS PER MONTH (FULL TIME) <input type="checkbox"/> 147 HOURS OR LESS PER MONTH (PART TIME)			
WHAT AMOUNT DO YOU PAY THIS PROVIDER FOR CHILD CARE AND HOW?		DO YOU HAVE TO PAY THIS AMOUNT IN ADVANCE?	
\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month		<input type="checkbox"/> YES (If "YES", attach proof) <input type="checkbox"/> NO	

**2. Did anyone move into or out of your home after AFDC benefits stopped?**  
 (Include anyone who entered or left the home, a newborn, or anyone who died).  
 If "YES", complete below:

☐ YES    ☐ NO

Total Number of TCC Family Members:

NAME	RELATIONSHIP TO YOU	WHAT HAPPENED	DATE
------	---------------------	---------------	------

**3. Complete the information below for anyone who works or expects to work.**

- Include all earnings and tips. Attach paystubs or other proof of earnings.
- If self-employed, list business expenses on a separate sheet of paper and attach proof.




NAME		EMPLOYER'S NAME	
DATE(S) JOB STARTED OR STOPPED		EMPLOYER'S ADDRESS	NUMBER STREET
WORK SCHEDULE		CITY	STATE ZIP CODE
		DAYS WORKED PER MONTH	HOURS WORKED PER MONTH
HOW OFTER ARE YOU PAID? <input type="checkbox"/> WEEKLY, <input type="checkbox"/> BI-WEEKLY, <input type="checkbox"/> MONTHLY	AMOUNT BEFORE DEDUCTIONS \$	TIPS OR COMMISSIONS? <input type="checkbox"/> YES \$ AMOUNT <input type="checkbox"/> NO	
NAME		EMPLOYER'S NAME	
DATE(S) JOB STARTED OR STOPPED		EMPLOYER'S ADDRESS	NUMBER STREET
WORK SCHEDULE		CITY	STATE ZIP CODE
		DAYS WORKED PER MONTH	HOURS WORKED PER MONTH
HOW OFTER ARE YOU PAID? <input type="checkbox"/> WEEKLY, <input type="checkbox"/> BI-WEEKLY, <input type="checkbox"/> MONTHLY	AMOUNT BEFORE DEDUCTIONS \$	TIPS OR COMMISSIONS? <input type="checkbox"/> YES \$ AMOUNT <input type="checkbox"/> NO	

Total Gross Earned Income \$  
☐ Verified  
Average Monthly Income: \$

**CERTIFICATION**

- I understand that the statements I have made on this form are subject to investigation and verification.
- I understand that TCC must be needed to permit a member of the AFDC family to accept or retain employment and that there must not be an adult in the TCC family available to care for the child(ren).
- I understand that if I choose a license exempt child care provider, he/she must apply for Trustline registration unless he/she is an aunt, uncle or grandparent of a child(ren) in his/her care or is a school or recreational facility.
- I understand that I must tell my TCC worker within 10 days of any change in my income, work hours, or family.
- I understand that I must repay any TCC benefits I am not entitled to get, even when the benefits are paid directly to the provider.
- I have read (or it was read to me) and received a copy of the TCC Coversheet and I understand my Rights and Responsibilities.
- I understand that failing to report facts or giving wrong or incomplete facts for TCC can result in legal prosecution with penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct.

SIGNATURE OF APPLICANT 	DATE SIGNED	PHONE NUMBER WHERE YOU MAY BE REACHED IN CASE YOUR WORKER NEEDS TO CONTACT YOU 
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON 		DATE SIGNED

**COUNTY USE ONLY**

CASE NAME		CASE NO.	
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	TCC BEGINS	TCC ENDS	
REASON FOR DENIAL			
TCC WORKER			DATE
SUPERVISOR			DATE
COMMENTS:			



## DO YOU NEED HELP PAYING FOR YOUR CHILD CARE?

### 1. You can get money to help pay for child care.

There is a program to help working parents pay for child care. It is called TCC (Transitional Child Care) and helps eligible parents pay for child care.

If you can't get AFDC any more because you got a job or are earning more money at your job, you can apply for TCC to help pay for child care for up to one year.

### 2. You can get help to find good quality child care for your children.

There are community services called Resource and Referral agencies (R & R's) in every county in California. These organizations offer free services to help parents locate and understand the different child care programs in each neighborhood. Staff at the "R & R's" are there to answer questions about child care.

### 3. You can choose the care you want from different child care programs.

Some of the choices are:

- **Licensed Family Day Care Homes** care for children in homes and apartments that have been inspected by the State.

- **Licensed Center Care** is provided at locations which have been inspected by the State. "Centers" can care for large numbers of children.

- **Exempt Child Care** may include care provided by family members or neighbors, 18 years of age or older. It can be care provided in the child's home or by a person for the children of only one other family.

If you choose a license exempt child care provider, (s)he must apply for Trustline registration unless (s)he is an aunt, uncle or grandparent of a child(ren) in his/her care or a school or recreational facility.

- **Subsidized Child Care** programs are funded by the California Department of Education. These programs offer child care to low income families on a sliding fee scale.

You can also get TCC to help pay for before and after school programs.

### 4. You can call to get information about TCC and to find out how to apply.

Remember to say you are calling about TCC and call the Welfare Office in your county.

You can also call toll free **1-800-998-9114** to find the TCC office in the county where you live.

SEE BACK OF THIS FORM FOR MORE INFORMATION.

## QUESTIONS AND ANSWERS ABOUT TCC

### **Who can get TCC money to help pay for child care?**

Working parents who:

- can't get AFDC any more because they are earning more money; and
- have a child who is under 13 years of age or meets special conditions.

### **Who cannot get TCC?**

Parents who:

- still get AFDC.
- have children over the age of 13 (unless they meet special conditions.)
- leave their children with people who are ineligible providers.

### **How can I get TCC? When should I ask for it?**

Call your County Welfare Office and ask for TCC. You will need to fill out an application and you will be told if you have been approved. It's a good idea to apply for TCC as soon as you go off AFDC. But you can apply any time within 12 months after you are off AFDC. TCC can pay for up to 12 months of child care.

### **Is there a lot of paper work involved?**

No. Once you are approved, all you will need to do is send a request for your payment each month. You may be asked to answer other questions from time to time. The questions will not be difficult.

### **If I am approved for TCC, will child care be free?**

No. TCC helps working parents pay for child care. Each family pays a small "family fee" to the child care provider each month and any costs over the TCC limit.

### **How do I get reimbursed?**

You will need to request payment on a special form and show proof that you paid for child care each month.

### **Can I apply for payment in advance? How long will it take to get the money?**

If the child care provider asks for payment in advance, you can request TCC payments in advance. If the County approves the request, the payment will be sent within 7 days.

### **I was on AFDC about 6 months ago. I didn't know about TCC and my child has been in child care for about 5 months (when I got my job). I have been paying for the care all this time. Can I ask to be reimbursed for the last 5 months?**

Yes. Explain this when you call about TCC.

### **What if I find a child care center I like but it costs more than TCC can pay?**

There is a limit to the amount that TCC can pay. If you want to use child care that costs more than what TCC pays, you will have to pay for the extra costs. (Remember: You will need to pay a small portion of the child care costs for any provider, center or babysitter. This portion is called the "family fee.")

### **Do child care centers and family day care homes have to accept my child if I have TCC?**

All centers and family day care homes have their own admission requirements. You will need to discuss this with the center or the provider.

### **Do I have to tell the child care center or family day care provider that I'm getting TCC?**

Yes. The provider will need to fill out a form each month.

### **What should I ask when I visit a child care center or family day care home?**

When you begin to look for child care, it is important that you select a day care home or a center that is clean, safe and understands young children. Be sure your babysitter is safe and responsible. It's a good idea to call the resource and referral agency in your neighborhood and ask them "how to choose child care." They know about child care and have good ideas and suggestions.

### **Can I apply for TCC to cover child care costs for my foster child?**

Yes.

### **Are there other programs for people who were on AFDC but now work?**

Yes. There is a program called Transitional Medi-Cal. It helps you get medical care, after you are off AFDC.

### **What will happen in 12 months, when my TCC ends?**

At the end of the 12 months you will need to pay for your child care. You may be able to get into a subsidized child care program which you can afford. The resource and referral agency in your neighborhood can help. You may also be able to get into the At Risk Child Care Program (ARCCP). Call toll free 1-800-998-9114 for more information about ARCCP.

### **If I have more questions, who should I call?**

Call your County Welfare Office or call toll free 1-800-998-9114.

**REQUEST FOR TRANSITIONAL CHILD CARE (TCC) PAYMENT**

**Instructions:** Complete and return this request to your TCC Worker. You will not get a TCC payment unless a request is received for each month. Your last request for TCC payment must be received by the last day of the month following the month your TCC stops. Part A must be completed by you and Part B, on the back of this form, by the Child Care Provider. Use a separate form for each child care provider.

**NEED HELP? ASK YOUR TCC WORKER.**

MONTH OF CARE:

**COUNTY USE ONLY**

Date received:

Worker Number:

Case Number:

**PART A - RECIPIENT FILLS IN THIS SECTION.**

NAME (FIRST, MIDDLE, LAST)		HOME ADDRESS		NUMBER	STREET	
1. HOME PHONE ( )		WORK PHONE ( )		CITY	STATE ZIP CODE	
2. List each family member who worked and the hours worked this month. Attach proof.						
NAME		Hours Worked Per Week				
		Week 1	Week 2	Week 3	Week 4	Week 5
NAME		Hours Worked Per Week				
		Week 1	Week 2	Week 3	Week 4	Week 5
3. My family's income has dropped and I want my Family Fee refigured. <input type="checkbox"/> YES <input type="checkbox"/> NO						
If "YES", explain:						
4. I paid child care costs for this month. <input type="checkbox"/> YES <input type="checkbox"/> NO						
If "YES", complete below.						
CHILD'S NAME	BIRTHDATE	PROVIDER'S NAME	AMOUNT OWED	AMOUNT PAID		
5. My child care provider has changed since my last request for a TCC payment. <input type="checkbox"/> YES <input type="checkbox"/> NO						
If "Yes", your new provider must be approved before you can get a payment.						
6. My child care provider requires advance payment and I am requesting an advance. <input type="checkbox"/> YES <input type="checkbox"/> NO						
7. I paid an application, registration or service fee. <input type="checkbox"/> YES <input type="checkbox"/> NO						
(Include supply or cot fees, etc.)						
If "YES", complete below and attach proof.						
Type of Fee And Time Period It Covers	Provider's Name	Amount Charged	Date Paid			

☐ Total Hours Worked Verified

☐ RMR Verified Due to child's birthday or change in provider

For License Exempt Provider

☐ Applied for Trustline

☐ Trustline Registered

☐ Exempt from Trustline

☐ Fee Verified

**CERTIFICATION**

I understand that:

- Any statements made on this form may be checked and verified.
- The child care provider must have a license or be exempt from having a license in order for me to get a TCC payment.
- If my child care provider is license exempt, I must assist (s)he in applying for Trustline registration unless (s)he is an aunt, uncle or grandparent of a child(ren) in his/her care or a school or recreation facility.
- The County will pay TCC benefits only for hours of child care reasonably related to the hours I work and my transportation time.
- I must tell my TCC worker within 10 days of any change in my income, work hours or family. I must also tell my worker when I am getting other help paying my child care costs.
- I can choose the child care provider who is best for me and my child(ren) and the County may visit the child care site.
- I must pay child care rates which are no greater than the same as rates billed by the child care provider for services given to other children.
- The child care payment reported on this form may be reported to the appropriate federal and state agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- I must repay any TCC money I am not entitled to get.
- The County does not act as the child care provider's employer; and does not have a business or contractual relationship with the child care provider when a TCC payment is paid.
- If I choose child care in my home, I am the employer and am responsible for social security tax. I also understand that depending on how many hours I have them work, I may have to pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes.
- I authorize the County to obtain any verification necessary to process this request.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this request is true, correct and complete and that the child care was provided.

SIGNATURE OF RECIPIENT

DATE

**PART B - CHILD CARE PROVIDER FILLS IN THIS SECTION**

(Note: To be completed only by the provider.)

1. PROVIDER'S NAME	PROVIDER'S ADDRESS	NUMBER	STREET
SOCIAL SECURITY OR TAX ID NUMBER	CITY	STATE	ZIP CODE
PHONE ( )	RELATED TO THE CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes", specify Relationship	AT LEAST 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO

**2. Where care was provided and type of care (✓)**

- ☐ Licensed Family Day Care      ☐ Exempt - In Child's Home      ☐ Exempt - Center run by school employees  
☐ Licensed Day Care Center      ☐ Exempt - Outside Child's Home

If licensed, license number is: \_\_\_\_\_

**3. What amount do you bill for care and how?**\$ \_\_\_\_\_ per ☐ hour ☐ day ☐ week ☐ month\$ \_\_\_\_\_ per ☐ hour ☐ day ☐ week ☐ month**Do you require advance payment?**☐ YES ☐ NO

If "YES", attach copy of written policy.

**4. List each child's cost separately.**

a. Child's Name	# Of Hours of Care Per Week					Amount Billed For The Month	Amount Paid For The Month	Amount Owed For The Month	Date Paid
	Week 1	Week 2	Week 3	Week 4	Week 5				
						\$	\$	\$	
b. Child's Name	# Of Hours of Care Per Week					Amount Billed For The Month	Amount Paid For The Month	Amount Owed For The Month	Date Paid
	Week 1	Week 2	Week 3	Week 4	Week 5				
						\$	\$	\$	
c. Child's Name	# Of Hours of Care Per Week					Amount Billed For The Month	Amount Paid For The Month	Amount Owed For The Month	Date Paid
	Week 1	Week 2	Week 3	Week 4	Week 5				
						\$	\$	\$	
d. Child's Name	# Of Hours of Care Per Week					Amount Billed For The Month	Amount Paid For The Month	Amount Owed For The Month	Date Paid
	Week 1	Week 2	Week 3	Week 4	Week 5				
						\$	\$	\$	

**5. In the TCC rules, the family must pay you a family fee each month.**☐ YES ☐ NO**Are any past-due family fees owed to you?**

If "Yes", please explain: \_\_\_\_\_

**CERTIFICATION**

I understand that:

- I must be at least 18 years of age and have a day care license or not need a license (be exempt) in order to get a TCC payment.
- If I am a license exempt provider, I must apply for Trustline registration unless I am the aunt, uncle or grandparent of the child(ren) in my care or be a school or recreational facility.
- I must provide a clean, healthy and safe place for child care and the County may visit the child care site.
- I must charge the recipient listed on the front the same or lower child care rates that I charge to other clients for the same service.
- I must pay back any TCC money I was not entitled to get.
- The social security number provided above may be verified with the Social Security Administration (SSA).
- The child care payment(s) listed on this form may be reported to the appropriate federal and state agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- The County does not act as my employer or have business or contractual relationship with me when I get a TCC payment.

I declare that I provided the child care listed above and that the hours of care and total amount paid listed above is true and correct.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this request is true, correct and complete and that the child care was provided.

SIGNATURE OF PROVIDER	DATE
-----------------------	------

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County has approved your application for the Transitional Child Care (TCC) Program. You may get TCC for the twelve month period beginning \_\_\_\_\_ and ending \_\_\_\_\_. Each month you must pay a fixed part of your child care costs. This is called a family fee. The box checked below applies to you:

☐ Based on your income of \$ \_\_\_\_\_ as shown below and family size of \_\_\_\_\_, your family fee is \$ \_\_\_\_\_.

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

☐ Your family fee has not yet been figured because you have not given us proof of your gross earnings. You cannot get any TCC payments until you give us this proof.

You must pay your family fee each month to your child care provider.

Your family fee may be refigured. If something changes, you can ask at anytime for your family fee to be refigured.

The County will help pay part of your child care costs each month. There is a limit on this amount based on the child's age, type of child care provider, and whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

☐ Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:

Child's Name: \_\_\_\_\_ Provider's Name: \_\_\_\_\_ Payment Limit: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

☐ Your payment limit(s) has not yet been figured because you have not given us information about your child care provider(s). You cannot get any TCC payments until you give us this information.

☐ You have chosen a provider who is not licensed and must apply for Trustline registration.

Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the county gets proof that

Date

your provider has applied for Trustline registration and you will receive no further notice.

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

**Rules:** These rules apply. You may review them at your welfare office: MPP 47-125.1, 47-130, 47-155.4,.7

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County has approved your application for the Transitional Child Care (TCC) Program. You may get TCC for the twelve month period beginning \_\_\_\_\_ and ending \_\_\_\_\_. The County has approved your request for an advance TCC payment. You can't get another TCC payment until you give us proof you have paid the child care for this month. You will have to pay back any money we advance to you that you do not use to pay for child care.

Each month you must pay a fixed part of your child care costs. This is called a family fee. Based on your income of \$ \_\_\_\_\_ as shown below and family size of \_\_\_\_\_, your family fee is \$ \_\_\_\_\_.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
Total Income: \$ \_\_\_\_\_

You must pay your family fee each month to your child care provider.

Your family fee may be refigured. If something changes, you can ask at anytime for your family fee to be refigured.

The County will help pay part of your child care costs each month. There is a limit on this amount based on the child's age, type of child care provider whether care was provided full-time (more than 147 hours) or part-time (147 hours or less) in the month.

Based on the information you gave us, the most we will pay for each eligible child and eligible child care provider is:

Child's Name:	Provider's Name:	Payment Limit:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Any box(s) checked below apply to you:

- ☐ You have chosen a provider who is not licensed and must apply for Trustline registration.  
Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the county gets proof that

Date

your provider has applied for Trustline registration and you will receive no further notice.

If your child care cost minus your family fee is less than your payment limit, we will pay the lower amount.

If you change your child care provider or your work hours, the payment limits listed on this notice may change. Notify your worker immediately about any changes.

You must turn in a Request For TCC Payment (TCC 43) for each month that you want TCC money. You have one month after the County stops your TCC to turn in your last Requests for TCC Payments.

Your advance TCC payment amount is figured on this notice.

Child's Name: \_\_\_\_\_

TCC Payment Limit: \$ \_\_\_\_\_

Anticipated Child Care Costs: \$ \_\_\_\_\_

Subtotal — Lesser of two above = \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_

TCC Payment Limit: \$ \_\_\_\_\_

Anticipated Child Care Costs: \$ \_\_\_\_\_

Subtotal — Lesser of two above = \$ \_\_\_\_\_

Total of All Subtotals = \$ \_\_\_\_\_

Less Family Fee - \_\_\_\_\_

Less Overpayment Adjustment - \_\_\_\_\_

ADVANCE TCC PAYMENT = \$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 47-125.1, 47-130, 47-155.4, 7, 47-165.3

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_  
Worker Name \_\_\_\_\_  
Number \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County has denied your request for Transitional Child Care (TCC) Payment (TCC 43) for the month of \_\_\_\_\_.

Here's why:

- ☐ You were not working.
- ☐ Your child care provider is your child's parent or legal guardian or is a member of your TCC family.
- ☐ Your child care provider does not have a day care license and must have one.
- ☐ Your family fee is higher than your child care costs.
- ☐ Your Request for TCC Payment was later than one month after your TCC stopped.
- ☐ Your license exempt child care provider had his/her application for Trustline denied.
- ☐ Your license exempt child care provider had his/her Trustline registration status revoked.
- ☐ Your license exempt child care provider had his/her Trustline registration case closed.
- ☐ Other:

If you have any questions, call your worker.

**Rules:** These rules apply. You may review them at your welfare office: MPP 47-120.151, 47-140.2, 47-155.41, 47-165.62

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Your payment for Transitional Child Care (TCC) for the month of \_\_\_\_\_ has been approved for the amount of \$ \_\_\_\_\_. This amount is less than you asked for.

Here's why:

- ☐ You did not give us a Request for TCC Payment (TCC 43) form for each of your child care providers.
- ☐ One of your child care providers is not eligible for TCC. To get a TCC payment, your child care provider must be 18 years old or older; not be a parent, legal guardian, or member of the TCC family; have a day care license or not need one; and must complete Part B of the Request for TCC Payment (TCC 43) form.
- ☐ One of your license exempt child care providers had his/her application for Trustline denied.
- ☐ One of your license exempt child care providers had his/her Trustline registration status revoked.
- ☐ One of your license exempt child care providers had his/her Trustline registration case closed.
- ☐ One of your children is not eligible for TCC. To get TCC for your child, your child must be under the age of 13, cannot care for him/herself, or under court supervision.
- ☐ You have to pay back the money we advanced to you that you did not use to pay for your child care costs. We subtracted that portion of your advance payment that was not used for child care.
- ☐ All of the child care hours you reported this month were not related to your work hours and we cannot pay all of your child care costs.
- ☐ Your request for the payment for your registration, application, or service fee charged by your child care provider was denied.
- ☐ Other:

The County will only pay child care for days and hours related to your work hours and only up to a payment limit set by the State of California. The TCC payment limit is based on the child's age, the type of care, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.

The TCC payment is what you paid for your child care minus your family fee or the payment limit, whichever is less.

You must turn in a Request for Transitional Child Care Payment (TCC 43) for each month that you want TCC money.

Your TCC payment amount is figured on this notice.

If you have any questions, call your TCC worker.

Child's Name: \_\_\_\_\_

TCC Payment Limit: \$ \_\_\_\_\_  
Actual Child Care Costs \$ \_\_\_\_\_

Subtotal - Lesser of two above = \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_

TCC Payment Limit: \$ \_\_\_\_\_  
Actual Child Care Costs \$ \_\_\_\_\_

Subtotal - Lesser of two above = \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_

TCC Payment Limit: \$ \_\_\_\_\_  
Actual Child Care Costs \$ \_\_\_\_\_

Subtotal - Lesser of two above = \$ \_\_\_\_\_

Total of All Subtotals = \$ \_\_\_\_\_  
Less Family Fee - \$ \_\_\_\_\_  
Less Overpayment Adjustment - \$ \_\_\_\_\_  
Less Advance Payment - \$ \_\_\_\_\_  
MONTHLY TCC PAYMENT = \$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 47-145.1, 47-155



# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Your payment for Transitional Child Care (TCC) for the month of \_\_\_\_\_ has been approved for the amount of \$ \_\_\_\_\_.

The County will only pay child care for days and hours you were working and only up to the payment limit set by the State of California. The payment limit is based on the child's age, the type of child care provider, and the hours of care. If you change your child care provider or your work hours, tell your worker immediately.

The TCC payment is what your child care costs are minus your family fee or the payment limit, whichever is less.

You must turn in a completed Request for Transitional Child Care Payment (TCC 43) for each month that you want TCC money.

Your TCC payment amount is figured on this notice.

Any box(s) checked below apply to you:

☐ You have chosen a provider who is not licensed and must apply for Trustline registration.

Payments for child care with this provider will be stopped on \_\_\_\_\_ unless the county gets proof that your

\_\_\_\_\_ <sup>Date</sup> provider has applied for Trustline registration and you will receive no further notice.

If you have any questions, call your TCC worker.

Child's Name: \_\_\_\_\_

TCC Payment Limit: \$ \_\_\_\_\_

Actual Child Care Costs \$ \_\_\_\_\_

Subtotal - Lesser of two above = \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_

TCC Payment Limit: \$ \_\_\_\_\_

Actual Child Care Costs \$ \_\_\_\_\_

Subtotal - Lesser of two above = \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_

TCC Payment Limit: \$ \_\_\_\_\_

Actual Child Care Costs \$ \_\_\_\_\_

Subtotal - Lesser of two above = \$ \_\_\_\_\_

Total of All Subtotals = \$ \_\_\_\_\_

Less Family Fee - \$ \_\_\_\_\_

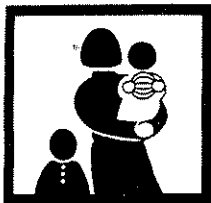
Less Overpayment Adjustment - \$ \_\_\_\_\_

Less Advance Payment - \$ \_\_\_\_\_

MONTHLY TCC PAYMENT = \$ \_\_\_\_\_

**Rules:** These rules apply. You may review them at your welfare office: MPP 47-145, 47-150.

**ATTACHMENT F**



## **TRUSTLINE**

### **"A Child Care Provider Registry"**

#### **Subsidized Application**

#### **WHAT IS THE TRUSTLINE REGISTRY?**

TRUSTLINE was created by the California Legislature to offer parents, employment agencies, Child Care Resource and Referral Programs, and child care providers access to a background check conducted by the CA Department of Justice which includes checks of the California Criminal History System and Child Abuse Central Index of California. The TRUSTLINE Registry is maintained by the California Department of Justice and may be checked through the California Child Care Resource and Referral Network (1-800-822-8490).

The TRUSTLINE Registry is made up of child care providers who have submitted their fingerprints to the CA Department of Justice's TRUSTLINE clearance process. Individuals listed on TRUSTLINE do not have 1) disqualifying criminal convictions listed on the CA Criminal History System; and 2) do not have reported, disqualifying, child abuse records listed on the California Child Abuse Central Index.

TRUSTLINE is for *in-home and license-exempt child care providers*. An in-home child care provider provides care in the child's home (i.e. babysitters & nannies). A license-exempt child care provider is an individual who cares for children in their own home and is not required to be licensed by the State Department of Social Services.

#### **HOW TRUSTLINE BENEFITS PARENTS.**

When selecting a child care provider, it is recommended that parents 1) interview carefully, 2) check references and 3) evaluate the provider's character using their own good judgement. The TRUSTLINE Registry gives parents one more tool to use when it comes time to choose a child care provider.

Parents can call 1-800-822-8490 between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday to find out if the child care provider s/he is considering has registered with TRUSTLINE. If the individual has not yet registered with TRUSTLINE, information on how a provider can apply to TRUSTLINE will be provided.

#### **HOW TRUSTLINE BENEFITS PROVIDERS.**

By being listed on the TRUSTLINE Registry you offer added reassurance and demonstrate to parents that you are serious about your profession as a child care provider.

To become listed on the TRUSTLINE Registry, you must: 1) complete the attached application, and 2) obtain one set of your fingerprints. The completed application and fingerprints will be sent to the Department of Justice in Sacramento. In order to qualify for the subsidized application to TRUSTLINE, you must be an in-home or license-exempt child care provider receiving payments through the Alternative Payment Program, Child Care and Development Block Grant or the Title IV-A Program.

If no disqualifying criminal convictions are found on the CA Criminal History System, and no disqualifying, child abuse records are found on the California Child Abuse Central Index, your name will be placed on the TRUSTLINE Registry.

If you are not listed on the TRUSTLINE Registry because of a disqualifying conviction or child abuse record, the Department of Justice offers an appeal process to allow you to demonstrate your good character. If the appeal is decided in your favor, you will be placed on the TRUSTLINE Registry.

**For more information call TRUSTLINE at 1-800-822-8490.**



**TRUSTLINE**  
**IN-HOME/LICENSE EXEMPT CHILD CARE PROVIDER REGISTRY**  
**DEPARTMENT OF JUSTICE/BUREAU OF CRIMINAL INFORMATION AND ANALYSIS**  
**BACKGROUND EXAMINATION APPLICATION**

(See the back of this form for further instructions.)

<b>1 NAME:</b>		Last	First	Middle			
<b>2</b> List below all other names you have ever used, such as maiden or aliases. (AKAs)							
<b>3 RESIDENCE ADDRESS:</b>		Street	Apt #	City	State	ZIP Code	County
<b>4 MAILING ADDRESS (If Different):</b>		P.O. Box/Street		City	State	ZIP Code	
<b>4a</b> Have you moved into California within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>5</b> Date of Birth		Sex	Height	Weight	Eye Color	Hair Color	
<b>6</b> Social Security Number (Voluntary for identification only)				CA Driver's Lic/ID #		Alien Reg/Out-of-State ID#	
<b>7</b> Telephone Numbers: DAY: (    ) EVENING: (    )							

**APPLICATION SUBMISSION (Read carefully before signing.)**

**8** Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest? You must disclose any conviction, even if there has been a dismissal, under Penal Code Section 1203.4. ☐ No ☐ Yes If your answer is "yes," attach a detailed statement describing the crime(s), the approximate date, the location, the court, the sentence served, if any, and parole, if any. Also, attach any applicable court documents or police reports. **Under penalty of perjury, I certify that the information on this application is true and complete, (California Penal Code 118 and 127).**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Forward this application and one set of fingerprints to the address listed in Box 9.**

<b>9</b>	<b>10 County Use Only</b>	
	County: _____ County ID: <input type="text" value="2"/> <input type="text"/> <input type="text"/>	
	Child Care Program: CAAP <input type="checkbox"/> CalLearn <input type="checkbox"/> GAIN <input type="checkbox"/> NET <input type="checkbox"/> SCC <input type="checkbox"/> TCC <input type="checkbox"/>	
	Case Number(s): 1) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Has this child care provider been TRUSTLINED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Worker Name: _____ Print Signature Worker #: _____ Date _____	

<b>11 Child Care Resource and Referral/Alternative Payment Program Use Only</b>	
County: _____	ID #: _____
Child Care Resource and Referral Program: _____	ID #: _____
Alternative Payment Program: _____	ID #: _____
Case Number(s): 1) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

☐ Eligibility for participation in the subsidized Trustline Program has been verified by the undersigned program staff.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR APPLICANT

### FOR THE IN-HOME/LICENSE EXEMPT CHILD CARE PROVIDER

- Box 1 Print your full legal name. Do not use nicknames. **On the application and fingerprint card, the printed name and signature must be the same.**
- Box 2 List all other names you have ever used.
- Box 3 Print your full residence address.
- Box 4 Print your full mailing address, if different than residence address.  
**Notify DOJ if your mailing address changes.**
- Box 4a Indicate whether you have moved into California within the last two years.
- Box 5 List your date of birth, sex, height, weight, eye color, and hair color.
- Box 6 Print your social security number (voluntary). Print your identification number (i.e., California Driver's License, California Identification Number, Alien Registration Card Number, or Out-of-State Photo Identification Number).
- Box 7 List a daytime and evening telephone number.
- Box 8 APPLICATION SUBMISSION

Applicant's signature is required. By submitting this application, you are agreeing to have DOJ perform a background examination for criminal convictions or incidents of child abuse. Your name will be entered into the Trustline Registry that will be maintained by DOJ and that may be checked through the California Child Care Resource and Referral Network (1-800-822-8490) by parents, employment agencies, and child care resource and referral agencies relative to the findings of these examinations as permitted by law.

#### OFFICIAL USE ONLY

- Box 9 Resource & Referral or County Welfare Office address
- Box 10
- Fill in County and County I.D. Number.
  - Place a check after the program that is funding the child care. California Alternative Assistance Program (CAAP), Cal Learn, Greater Avenues for Independence (GAIN), Non-Gain Employment and Training (NET), Supplemental Child Care (SCC), and Transitional Child Care (TCC).
  - Fill in the family's case number assigned by the County Welfare Department. (Up to nine digits.)
  - Has the child care provider been TRUSTLINED? If NO, send in the completed application and fingerprint card. If YES, send in completed application only, no fingerprints are necessary.
  - Place the worker's name, number and signature on the lines provided. (If the R&R is completing this section using the TRUSTLINE referral form, the county case worker signature is not required.)
- Box 11
- Fill in the county, R&R and APP with appropriate I.D. numbers.
  - Fill in the case number if the Alternative Payment Program would like to assign a case number for tracking purposes. (Up to nine digits.)
  - Sign the eligibility statement.

### APPEAL

DOJ has an appeal process if disqualifying child abuse and/or disqualifying criminal conviction information is found. You have 15 days to request an exemption, in writing. A decision to grant or deny the request for exemption will be made within 30 days of receipt of your completed request for exemption.

### FINGERPRINT CARDS

Include one (1) completed fingerprint card with the application. Please use only the fingerprint card supplied with this application.

**TYPE OR PRINT ALL INFORMATION  
DO NOT FOLD  
APPLICATION FOR EMPLOYMENT**

- ☐ PEACE OFFICER (830 PC)
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ STATE EMPLOYEE
- ☐ CITY/COUNTY EMPLOYEE
- ☐ SCHOOL EMPLOYEE
- ☐ OTHER EMPLOYEE

☐ THIS EMPLOYMENT  
TITLE IS EXEMPT FROM  
THE PROVISIONS OF  
SECTION 432.7 OF THE  
CALIF. LABOR CODE.  
PLEASE CITE STATUTE  
OR OTHER REASON FOR  
EXEMPTION.

POSITION TITLE: \_\_\_\_\_

**APPLICATION FOR  
LICENSE, PERMIT  
OR CERTIFICATION**

**APPLICATION FOR:**

- ☐ LICENSE
- ☐ PERMIT
- ☐ CERTIFICATION
- ☐ CCW LICENSE
- ☒ OTHER (SPECIFY)

LICENSE-PERMIT-CERTIFICATION TITLE: \_\_\_\_\_

UNLICENSED CHILD CARE PROVIDER

**AGENCY AND ADDRESS:**

DEPARTMENT OF JUSTICE  
4949 BROADWAY  
SACRAMENTO, CA 95820  
ATTN: TRUSTLINE REGISTRY

**(NOTE: TO INSURE CORRECT MAILING, THE  
ABOVE INFORMATION MUST BE COMPLETED)**

IN-HOME CHILD CARE  
PROVIDER PROGRAM

State of California  
Department of Justice  
Bureau of Criminal Identification  
P.O. Box 903417  
Sacramento, CA 94203-4170

BID-7 (5-90) TRUSTLINE

**PERSONAL INFORMATION**

APPLICANT'S RESIDENCE ADDRESS: \_\_\_\_\_

**APPLICANT**  
COMPLETE BOTH SIDES

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

**FBI**

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA/MAIDEN NAME

O  
R  
I

CA0349400

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

DEPT OF JUST  
BU OF IDENT  
SACRAMENTO, CA

DATE OF BIRTH DOB  
MONTH DAY YEAR

CONTRIBUTING AGENCY AND ADDRESS

DRIVERS LICENSE NO. DDL

SEX

HGT

WGT

EYES

HAIR

PLACE OF BIRTH POB

YOUR NO. OCA

FBI NO. FBI

STATE ID NO. SID

SOCIAL SECURITY NO. SOC  
VOLUNTARY-FOR ID ONLY

DATE FINGERPRINTS SUBMITTED

LEAVE BLANK

CLASS

REF.

DEPARTMENT OF JUSTICE  
BCIA / IN-HOME CHILD CARE  
TRUSTLINE REGISTRY

INFORMATION PROVIDED ON THIS FORM MAY BE COM-  
PUTERIZED IN LOCAL, STATE AND FEDERAL FILES.

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY